2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am Secretary of State **DOCUMENT#** P00000041672 1. Entity Name 05-13-2002 90094 049 ***150.00 REAL ONE INVESTMENTS, INC. Principal Place of Business Mailing Address 2800 SPANISH WELLS BLVD. 2800 SPANISH WELLS BLVD. BONITA FL BONITA FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3649166 Not Applicable Zip Country Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMBURN, JAMES W Street Address (P.O. Box Number is Not Acceptable) 28000 SPANISH WELLS BLVD. **BONITA SPRINGS FL 34135** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE his corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition NAME AMBURN, JAMES W NAME STREET ADDRESS 2800 SPANISH WELLS BLVD. STREET ADDRESS CITY-ST-ZIP BONITA FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME NAME

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the inform n supplied with this ation supplied with this filing plemental report is true and indicated on this report or su of the corporation or the re ered changed, or on an

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

ADDRESS

IES W. AMBURN

FILED