

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042879

1. Entity Name  
IPOPREAL.COM, INC.

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90224 033 \*\*\*150.00

Principal Place of Business <del>164 GOLF CLUB DR</del> <del>LONGWOOD FL 32779</del>	Mailing Address <del>164 GOLF CLUB DR</del> <del>LONGWOOD FL 32779</del>
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2. Principal Place of Business 725 PRIMERIA BLVD. Suite, Apt. #, etc. 235 City & State LAKE MARY, FL Zip 32746 Country SEMINOLE	3. Mailing Address 725 PRIMERIA BLVD Suite, Apt. #, etc. 235 City & State LAKE MARY, FL Zip 32746 Country SEMINOLE
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3358545	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STORY, BOBBY E <del>164 GOLF CLUB DR</del> <del>LONGWOOD FL 32779</del>	7. Name and Address of New Registered Agent Name BOBBY E. STORY Street Address (P.O. Box Number is Not Acceptable) 725 PRIMERIA BLVD, STE 235 City LAKE MARY, FL Zip Code 32746
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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 BOBBY E. STORY (NOTE: Registered Agent signature required when reinstating) DATE 4-25-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORY, BOBBY E <del>164 GOLF CLUB DR</del> <del>LONGWOOD FL 32779</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 725 PRIMERIA BLVD STE 235 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY E. STORY DATE 4-25-01 DAYTIME PHONE # 407-936-0073

CR2E034 (10/00)