

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90064 002 \*\*\*150.00

817449

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P00000043884</b> 1. Entity Name <i>The Realty Shoppe, Inc.</i> <i>3307 NW 29th Avenue</i> <i>Boca Raton, FL 33434</i>			
Principal Place of Business <i>3307 N.W. 29th Avenue</i> <i>Boca Raton, FL 33434</i>		Mailing Address <i>(same)</i>	
2. Principal Place of Business <i>3307 NW 29th Avenue</i> Suite, Apt. #, etc.		3. Mailing Address <i>(same)</i> Suite, Apt. #, etc.	
City & State <i>Boca Raton, FL</i> Zip <i>33434</i>		City & State  Zip Country	
4. FEI Number <i>65-1006139</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <i>Charles S. Smith</i> <i>3307 NW 29th Avenue</i> <i>Boca Raton, FL 33434</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>11. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <i>President Charles S. Smith 3307 NW 29th Avenue Boca Raton, FL 33433</i>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			
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<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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:** *Charles S. Smith* *Charles Smith President* *3/14/01* *561-558-0684*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/00)