

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90053 043 ***150.00

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DOCUMENT # P00000048590			
1. Entity Name RESOURCE REALTY, INC.			
Principal Place of Business 2843 SABER DRIVE CLEARWATER FL 33759		Mailing Address 2843 SABER DRIVE CLEARWATER FL 33759	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NORTHAM, MICHAEL W T 2843 SABER DRIVE CLEARWATER FL 33759		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
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) DATE</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"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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	
11. OFFICERS AND DIRECTORS			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS	PD NORTHAM, MICHAEL W T 2843 SABER DRIVE CLEARWATER FL 33759		
CITY-ST-ZIP			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS	D NORTHAM, LISA C 2843 SABER DRIVE CLEARWATER FL 33759		
CITY-ST-ZIP			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
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: SMITH		2/6/02 727 725 1672 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	



DO NOT WRITE IN THIS SPACE

CPD/C24 (3/01)