

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058637

1. Entity Name

REAL VOLUSIA INC

Principal Place of Business

Mailing Address

449 PALM AVE 449 PALM AVE  
ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3724580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LORNE L MARANDINO  
449 PALM AVE  
ORMOND BEACH, FL 32174

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME PRES  
STREET ADDRESS LORNE L MARANDINO  
CITY-ST-ZIP 449 PALM AVE  
ORMOND BEACH, FL 32174

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/01

(386) 255-8500

FILED  
Sep 13, 2001 8:00 am  
Secretary of State

09-13-2001 90019 032 \*\*\*150.00

A0085819

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

Attachment  
DH# P00000058637  
AD 85819

9/1/01

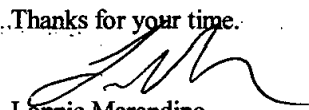
Department of State

RE: Real Volusia Inc.

Thanks for your time on the phone.

As you said since this is my first time dealing with this Uniform Business Report and since I did not receive the paperwork I was told that this one time you will let me slide on the additional fees and I have enclosed the amount you suggested.

Thanks for your time.

  
Lonnie Marandino  
Volusia MJM LTD.