

FILED

Jun 03, 2002 8:00 am
Secretary of State

05-08-2002 90140 049 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000061069 ✓

1. Entity Name

AHN REALTY, INC.

DO NOT WRITE IN THIS SPACE

90987

2. Principal Place of Business

9930 W. LAKE MARION RD

3. Mailing Address

505 AVENUE A NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

DO NOT WRITE IN THIS SPACE

City & State

HAINES CITY, FL

City & State

WINTER HAVEN, FL

Zip

33844

Country

USA

Zip

33881

Country

USA

4. FEI Number

59-3654136

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BRIAN R. GOVONI

Street Address (P.O. Box Number is Not Acceptable)

505 AVENUE A NW - SUITE 102

City

WINTER HAVEN

FL

Zip Code
33881**DO NOT WRITE
IN THIS SPACE**

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 BRIAN R. GOVONI

04/23/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 STREET ADDRESS CITY-ST-ZIP	D LUMB, SANDRA 9930 W. LAKE MARION ROAD HAINES CITY, FL 33844	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA LUMB S. Lumb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/02

Date

Daytime Phone #

CR2E034B (12/01)