

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070257

1. Entity Name
FOR SALE BY OWNER REAL ESTATE MARKETING SERVICES

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90084 001 ***450.00

Principal Place of Business
107 GREENLEAF LANE
ALTAMONTE SPRINGS FL 32714

Mailing Address
107 GREENLEAF LANE
ALTAMONTE SPRINGS FL 32714

23064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 E. ALTAMONTE DR.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
ALTAMONTE SPGS, FL

City & State

4. FEI Number
59-3665639

Applied For
Not Applicable

Zip
32701

Country
SEMINOLE

Zip
Country

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

REALE, NICHOLAS J
107 GREENLEAF LANE
ALTAMONTE SPRINGS FL 32714

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P REALE, NICK
107 GREENLEAF LANE
ALTAMONTE SPRINGS FL 32714

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

NICK REALE

1/10/01

Date

407-786-4445

Daytime Phone #

CR2E034 (10/00)