2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2002 8:00 am Secretary of State P0000078826 DOCUMENT # 1. Entity Name REAL ESTATE DOCTORS, INC. 05-24-2002 91310 014 ***150.00 Principal Place of Business Mailing Address 1030 US HWY. ONE, STE. 102 1030 US HWY, ONE, STE, 102 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1040518 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BATES, BRUCE Street Address (P.O. Box Number is Not Acceptable) 1030 US HWY. ONE, STE. 102 NORTH PALM BEACH FL 33408 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE ☐ Delete TITLE ☐ Addition BATES, BRUCE NAME NAME 1030 US HWY. ONE, STE. 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP Delete TITLE Change ☐ Addition BATES, BRUCE NAME 1030 US HWY. ONE, STE. 102 STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 33408 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

Daytime Phone #