

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-19-2001 90010 036 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000080045

1. Entity Name

FIRST REAL ESTATE COMPANIES, INC.

Principal Place of Business

2385 CENTERVILLE RD
TALLAHASSEE FL 32308

Mailing Address

2385 CENTERVILLE RD
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3667178

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

 MANAUSA, DANIEL E
 3520 THOMASVILLE RD, 4TH FLOOR
 TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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 registrant/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	D MANAUSA, JOE 2385 CENTERVILLE RD TALLAHASSEE FL 32308	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROCTOR, BRIAN 2385 CENTERVILLE RD TALLAHASSEE FL 32308	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOLLAN, DAN 2385 CENTERVILLE RD TALLAHASSEE FL 32308	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

6/21/01

850 386 2001

Daytime Phone #

CR2E034 (10/00)