

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90038 044 ***150.00

0024247

DOCUMENT # P00000080708

1. Entry Name
REAL EASY REALTY, INC.

Principal Place of Business Mailing Address
 12567 175 ROAD 12567 175 ROAD
 JUPITER FL 33478 JUPITER FL 33478

C0035657



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
13205 US HWY 1 **13205 US HWY 1**

Suite, Apt. #, etc. Suite, Apt. #, etc.

505 # **505**
 City & State City & State
Juno Beach FL **Juno Beach, FL**

4. FEI Number Applied For
65-1044564 Not Applicable

Zip Country 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

NEEDLE, JEAN
 12567 175 ROAD
 JUPITER FL 33478

Name **LINDA COLAPRETE**
 Street Address (P.O. Box Number is Not Acceptable)
263 MOCCASIN TRAIL WEST
 City **JUPITER** FL Zip Code **33458**

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 *Linda Colaprete* DATE **3/14/01**
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	PDST LINDA COLAPRETE 263 MOCCASIN TRAIL WEST JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Linda Colaprete* Date **3/14/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)