

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
12567 175 ROAD
JUPITER FL 33478

Mailing Address
12567 175 ROAD
JUPITER FL 33478

C0035657



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13205 US HWY 1

3. Mailing Address
13205 US HWY 1

Suite, Apt. #, etc.
505

Suite, Apt. #, etc.
505

City & State
JUNO Beach FL

City & State
Juno Beach, FL

4. FEI Number
65-1044564

Applied For
 Not Applicable

Zip
33408

Country
Palm Beach

Zip
33408

Country
Palm Beach

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*

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
PDST
 NAME
LINDA COLAPRETE
 STREET ADDRESS
263 MOCCASIN TRAIL WEST
 CITY-ST-ZIP
JUPITER, FL 33458

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01
 Date

Daytime Phone #

CR2E034 (10/00)