


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000080708						20038486	
1. Entity Name REAL EASY REALTY, INC.							
Principal Place of Business 43205 US HWY 1 505 JUNO BCH, FL 33408				Mailing Address 15205 US HWY 1 505 JUNO BCH, FL 33408			
2. Principal Place of Business 725 NA10 Suite, Apt. #, etc. #A108		3. Mailing Address 725 NA10 Suite, Apt. #, etc. #A108		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES			
City & State Jupiter FL		City & State Jupiter FL		4. FEI Number 65-1044564		Applied For Not Applicable	
Zip 33477		Country USA		Zip 33477		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent			
COLAPRETE, LINDA 263 MOCCASIN TRL W JUPITER, FL 33468				7. Name and Address of New Registered Agent			
				Name COLAPRETE LINDA			
				Street Address (P.O. Box Number is Not Acceptable) 209 GOLFVIEW DR			
				City TEQUESTA FL			
				Zip Code 33469			
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature required when re-registering)</small>							
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	POST	<input checked="" type="checkbox"/> Delete		TITLE	PRST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLAPRETE, LINDA			NAME	COLAPRETE LINDA		
STREET ADDRESS	263 MOCCASIN TRL WEST			STREET ADDRESS	209 GOLFVIEW DR		
CITY-ST-ZIP	JUPITER, FL 33468			CITY-ST-ZIP	TEQUESTA FL 33469		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with other time employed.							
SIGNATURE: * <i>Linda Colaprete</i>				Date: <i>4/28/03</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR				Date			

CR20034 (10/02)