CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

City & State

Zip

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

Suite, Apt. #, etc.

2475 SANDY POINT RD

PALM HARBOR FL 34685

P00000084639 DOCUMENT # 1. Entity Name

YOUR REAL ESTATE COMPANY

Principal Place of Business

2475 SANDY POINT RD

Suite, Apt. #, etc.

BOBEL, DANIEL J

2475 SANDY POINT RD. PALM HARBOR FL 34685

the obligations of registered agent.

City & State

Zip

SIGNATURE

PALM HARBOR FL 34685

2. Principal Place of Business

Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90144 045 ***150.00 ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-3670172 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Street Address (P.O. Box Number is Not Acceptable) City 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. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating)

FILED

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Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State			9. El	ection Campaign Financing ust Fund Contribution.	□ \$5. 0	00 May Be ed to Fees
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BEASLEY, MARK D 2475 SANNDY POINT RD. PALM HARBOR FL 34685	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUDITIONS	CHANGES TO OFFICERS A	ND DIRECTOR ☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	the state of the s	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

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 10 or Block 11 if

SIGNATURE:



Date