

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000085526**

1. Entity Name

THE REAL ESTATE EXCHANGE OF PALM BEACH COUNTY; I

Principal Place of Business

**5849 OKEECHOBEE BLVD PMB-S0040
WEST PALM BEACH FL 33417**

Mailing Address

**5849 OKEECHOBEE BLVD PMB-S0040
WEST PALM BEACH FL 33417**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

105-1033795

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JACOBS, JANE E
1182 FERNLEA DR
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

Name **Jane E**

Street Address (P.O. Box Number is Not Acceptable)

13987 Columbine AveCity **West Palm Beach FL**Zip Code **33414**

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

Jane E. Jacobs, Jane E. Jacobs, Pres. 2-21-01

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.**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	<input type="checkbox"/> Delete
	DPV JACOBS, JANE E	5849 OKEECHOBEE BLVD PMB-S0040	WEST PALM BEACH FL 33417	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	ST JACOBS, JANE E	5849 OKEECHOBEE BLVD PMB-S0040	WEST PALM BEACH FL 33417	

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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

Date

Daytime Phone #

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90123 001 ***450.00

64025

DO NOT WRITE IN THIS SPACE

0294414

CR2E034 (10/00)