2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Apr 16, 2003 8:00 am	
		0085819				Secretary of State	
1. Entity Name HUNTER REAL ESTATE SERVICES OF JACKSONVILLE, INC						04-16-2003 90218 027 ***150.00	
	THE ESTATE SERVICES	SI UNONCONVILLE, II	•				
Principal Place 3333 SOUTH SUITE 228- ORLANDO FL	ORANGE AVE	Mailing Address PO BOX 568803 ORLANDO FL 32856	<u>.</u>				
2. Principal P	lace of Business Drange A	3. Mailing Address				-	
Suite, Apt.	•	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES	
City & Stat	1. 1	City & State				4. FEI Number 59-3746904 Applied For Not Applicab	
zip 3	806 Country S	Zip	Count	ry		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	`I	Nama		7. Name and Address of New Registered Agent	
DAMELIC	IAMPO M D			Name	پ	James M. Yawlus	
RAWLUS, JAMES M P 3333 SOUTH ORANGE AVENUE STE. 229- 162-				Street Add	lress (F	(P.O. Box Number of Not Acceptable) Orange Ave.	
STE. 229- 102					<u> </u>	56 102	
ORLANDO FL 32806 City O C FL Zip Code SO							
	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 ne obligations of registered agent.						
the obligat	ions of registered agent.	^				01 111	
SIGNATURE SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE							
(*After	LE NOW!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS8	Delete	TITLE		60	eneral Manages Change Addition	
NAME STREET ADDRESS	ROBERTS, JENNIFER P P.O. BOX 568803		NAME	T ADDRESS	D	David M. Hunter	
CITY-ST-ZIP	ORLANDO FL 32856			ST-ZIP	~~	p.a. Box 568803 orianle & 32856-8803	
TITLE	P	☐ Delete	TITLE		V	Vice President/Broker Change MAddition	
NAME	PAWLUS, JAMES M		NAME			Time thu L. Dickerson	
STREET ADDRESS CITY-ST-ZIP	PO BOX 568803 ORLANDO FL 32856			ET ADDRESS ST-ZIP	7	P.O. Bdv 568803 Oclando FC 32856-8803	
TITLE	D	_ Delete = _ =	TITLE		Pa	Resident - D Change M Addition	
NAME	JACKSON, JAMES	7	NAME		JA	ames m- fa wlas	
STREET ADDRESS CITY-ST-ZIP	PO BOX 568803 ORLANDO FL 32856			T ADDRESS ST-ZIP	P	0.0.Box568823	
TITLE	D	Delete	TITLE		<u>U</u>	Delando F1 32856 ☐ Change ☐ Additio	
NAME	FORBES, ROBIN	LDE Delete	NAME				
STREET ADDRESS CITY-ST-ZIP	PO BOX 568803 ORLANDO FL 32856			T ADDRESS ST-ZIP			
TITLE	OND TE GEOOD	☐ Delete	TITLE			☐ Change ☐ Addition	
NAME		•	NAME				
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP			
TITLE		□ Delete	TITLE			☐ Change ☐ Additio	
NAME			NAME				
STREET ADDRESS			STREE	T ADDRESS			

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP