2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000089196						FILED Aug 22, 2001 8:00 am Secretary of State 08-13-2001 90064 042 ***550.00		
1. Entity Name	ITH REALT	Y, INC.				08-13-200	1 90064 042 *****	330.00
Principal Place 18832 BATES & EUSTIS FL 327	AVENUE		Mailing Address 18832 BATES AVENUE EUSTIS FL 32726	· · · · · · · · · · · · · · · · · · ·				
	lace of Business dan wy #, etc.	Creek Lane	3. Mailing Address 3. 40 Culmby Suite, Apt. #, etc.	Creek La	ine	t 1941/864 tel amel 46/ft 86ile soue	EIN THIS SPACE	ABUA BAN NOM
Zin U	ustine.	Plovida	St. Hugustine	Horid		59-36840	200 N	ot Applicable
32084		I Address of Current Pr	32084	e engrise engresser e		5. Certificate of Status Desired 7. Name and Address of New Re	Fee Require	
308 EAST	D CLEMENT FIFTH AVENUI ORA FL 32757		يبداء الماليين باليوس	Name / Straet /	to the	er W. Hag D. BOT Number is Not Accepted to	Lane FL Zaco	Ie. 0-
8. The above	Luthe	bmits this statement for t	ay tri		50	agent, or both, in the State of Flor		2001
9. This corpo Tax filling re		to satisfy its Intangible		! FEE IS \$550. 2001 Fee will b	00 e \$750.00	10 Flection Campaign Fina		May Be I to Fees
11.		OFFICERS AND D		12.		ADDITIONS/CHANGES TO OFFICE		
name Street address	D HAGY, ADA 18832 BATES EUSTIS FL 32		□ Delete · ·	NAME STREET ADDRESS CITY-ST-ZIP	Hagy 3160 St. A	, Ada Country Creek Li Ingustine PL 32	EMChange OB6	Addition (5)
TITLE NAME STREET ADDRESS CITY-ST-2IP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	Addition &
TITLE NAME		an de de deservation de la company de la	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		رياق الإستنانية واستناستها واستنشاب فاليينا	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		7	☐ Delete	TITLE NAME STREET AUDRESS CITY-S1-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		Good Faith Realty, Inc a Florida Corporation				٠.	☐ Change	Addition
13. I hereby c indicated of the corp changed.		Mation supplied with the supplemental report is to ceiver or trustee emplayed with an address with a supplemental report of the supplemental report of t	is filling does not qualify for the same accounts that may be seen this report and the same all same like empowered.	he exemption state v signature shall his required by Cha	ed in Section ave the sam pler 607, Fi	on 119.07(3)(i), Florida Statutes. If ne legal effect as if made under oatorida Statutes; and that my name	urther certify that the ir th; that I am an officer appears in Block 11 or	nformation or director Block 12 if