2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089215

1. Entity Name
REAL ESTATE SPECIALISTS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR 16 AM 10:31

01A31-200P90285.015 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
17057 CR 49 WELLBORN FL 32094	17057 CR 49 WELLBORN FL 32094

2. Principal Place of Business	3. Mailing Address
RT 20 Box 499 Suite, Apt. #, etc.	RT 20 Box 499 Suite, Apt. #, etc.
City & State: LAKE CITY FL	City & State: LAKE CITY FL
Zip: 32055 Country: COLUMBIA	Zip: 32055 Country: COLUMBIA

4. FEI Number: 59-3678426 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLLINS, CATHY A
17057 CR 49
WELLBORN FL 32094

7. Name and Address of New Registered Agent

Name

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

City **FL** 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.

SIGNATURE: Cathy A Collins Cathy A Collins President 1/22/01
Signature, typed or printed name of individual 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. (See criteria on back) ☐

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	DP ☐ Delete	TITLE	DP, DS ☑ Change ☑ Addition
NAME	COLLINS, CATHY A	NAME	COLLINS, CATHY A
STREET ADDRESS	17057 CR 49	STREET ADDRESS	17057 CR-49
CITY-ST-ZIP	WELLBORN FL 32094	CITY-ST-ZIP	WELLBORN, FL 32094
TITLE	DV ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	[redacted]	NAME	[redacted]
STREET ADDRESS	[redacted]	STREET ADDRESS	[redacted]
CITY-ST-ZIP	LAKE CITY FL 32025	CITY-ST-ZIP	[redacted]
TITLE	DS ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	[redacted]	NAME	[redacted]
STREET ADDRESS	[redacted]	STREET ADDRESS	[redacted]
CITY-ST-ZIP	WELLBORN FL 32094	CITY-ST-ZIP	[redacted]
TITLE	DT ☑ Delete	TITLE	☑ Change ☐ Addition
NAME	[redacted]	NAME	[redacted]
STREET ADDRESS	2240 W GRANDVIEW AVE.	STREET ADDRESS	[redacted]
CITY-ST-ZIP	LAKE CITY FL 32025	CITY-ST-ZIP	[redacted]
TITLE	D ☑ Delete	TITLE	☑ Change ☐ Addition
NAME	[redacted]	NAME	[redacted]
STREET ADDRESS	RT 10 BOX 3722	STREET ADDRESS	[redacted]
CITY-ST-ZIP	LAKE CITY FL 32024	CITY-ST-ZIP	[redacted]
TITLE	D ☑ Delete	TITLE	☑ Change ☐ Addition
NAME	[redacted]	NAME	[redacted]
STREET ADDRESS	RT 12 BOX 664	STREET ADDRESS	RT 12 Box 664
CITY-ST-ZIP	LAKE CITY FL 32055	CITY-ST-ZIP	[redacted]

CR2E034 (10/00)

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: Cathy A Collins Cathy A. Collins 1/22/01 (904) 752-4333
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL: OFFICER OR DIRECTOR — Date — Daytime Phone #
AS PRESIDENT