

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90039 028 ***150.00

042/193

DOCUMENT # P00000089854

1. Entity Name
REAL ESTATE-2000, INC.

Principal Place of Business
**1424 SEAGULL DR., #201
 PALM HARBOR FL 34685**

Mailing Address
**1424 SEAGULL DR., #201
 PALM HARBOR FL 34685**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3442 EAST LAKE RD
 Suite, Apt. #, etc.
302

3. Mailing Address
3442 EAST LAKE RD
 Suite, Apt. #, etc.
302

City & State
PALM HARBOR FL
 Zip
34685
 Country
USA

City & State
PALM HARBOR FL
 Zip
34685
 Country
USA

4. FEI Number
59-3691569

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROCHELEAU, NICOLE
 1424 SEAGULL DR., #201
 PALM HARBOR FL 34685**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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: K.S. Kroll
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 727-786-2600
 Date Day and Phone #

CR2E034 (10/00)