FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90064 026 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091298

1. Entity Name
REAL GR. II

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11499 Tangerine Blvd. Suite, Apt. #, etc.	11499 Tangerine Blvd Suite, Apt. #, etc.
City & State: WPB FL	City & State: West Palm Beach
Zip: 33412 Country: Palm Beach	Zip: 33412 Country: Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1047001 (65-1047001) ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GARY Holmes
Street Address (P.O. Box Number is Not Acceptable): 11499 Tangerine Blvd.
City: West Palm Beach FL 33412 — FL — Zip Code: 33412

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒ (See criteria on back)

January 1 - May 1 Fee Is $150.00
After May 1 Fee Is $550.00
Amended UBR Is $61.25
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

TITLE: PRES. NAME: GARY Holmes STREET ADDRESS: 11499 Tangerine Blvd CITY-ST-ZIP: W.P.B.	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: V NAME: Diane Holmes STREET ADDRESS: 11499 Tangerine Blvd CITY-ST-ZIP: W.P.B.	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E031B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gary Holmes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #