

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90835 023 ***158.75

DOCUMENT # P00000103938

1. Entity Name
YOUR REALTY, INC.

Principal Place of Business: **1531 SE PORT ST LUCIE, PORT ST LUCIE FL 34952**
 Mailing Address: **1531 SE PORT ST LUCIE, PORT ST LUCIE FL 34952**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

6. Name and Address of Current Registered Agent
**KIEVSKY, HELENA
 798 RIVER COURT
 PORT ST LUCIE FL 34983**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____



DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-1052949** Applied For: Not Applicable:

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

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. **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: D	LOUTOS, PETER A II <input checked="" type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LOUTOS, PETER A II		NAME: _____	
STREET ADDRESS: 2973 SE CATES CIRCLE		STREET ADDRESS: _____	
CITY-ST-ZIP: PORT ST LUCIE FL 34952		CITY-ST-ZIP: _____	
TITLE: D	KIEVSKY, HELENA <input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KIEVSKY, HELENA		NAME: _____	
STREET ADDRESS: 798 RIVER COURT		STREET ADDRESS: _____	
CITY-ST-ZIP: PORT ST LUCIE FL 34983		CITY-ST-ZIP: _____	
TITLE: D	KOSALKA, RICHARD J <input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KOSALKA, RICHARD J		NAME: _____	
STREET ADDRESS: 150 S.W PORT ST LUCIE		STREET ADDRESS: _____	
CITY-ST-ZIP: PORT ST LUCIE FL 34984		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	

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: Helena Kievsky / Helena Kievsky / 4/24/01 561-335-0605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)