

2001 UNIFORM BUSINESS REPORT.(UBR)

4/24/

FILED
May 17, 2001 8:00 am
Secretary of State

04-24-2001 90321 045 ***150.00

DOCUMENT # P00000114155

1. Entity Name

REAL ESTATE SOUTH CORPORATION

Principal Place of Business

Mailing Address

**21 HIGHWAY 98 EAST
DESTIN FL 32541**

**21 HIGHWAY 98 EAST
DESTIN FL 32541**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3685699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, TERRI JANE
15 SHADY LANE
MARY ESTHER FL 32569**

Name
David B. Pleat, Esq.

Street Address (P.O. Box Number is Not Acceptable)
4477 Legendary Drive

City
Destin

FL

Zip Code
32541

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 **David B. Pleat**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 18, 2001

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 **D** ☐ Delete
NAME **SMITH, TERRI JANE**
STREET ADDRESS **15 SHADY LANE**
CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE **V, T, S** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
NAME **W. Edward Smith**
STREET ADDRESS **15 Shady Lane**
CITY-ST-ZIP **Mary Esther, FL-32569**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(l), 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: **W. Edward Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 2001

Date

Daytime Phone #

CR2E034 (10/00)