

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

03-06-2002 90003 024 ***150.00

DOCUMENT # P00000115361

1. Entity Name
REALTY INVESTMENTS OF THE PALM BEACHES, INC.

~~Principal Place of Business~~ ~~Mailing Address~~
P. O. BOX 21552 P. O. BOX 21552
W. PALM BCH FL 33416 W. PALM BCH FL 33416

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 **65-1064784**

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

GAY, DOROTHY
41 HEATHER COVE DR.
BOYNTON BCH FL 33462

Name **Dorothy Gay**
 Street Address (P.O. Box Number is Not Acceptable)

5317 Oakmont Village Circle
 City **Lake Worth, FL** Zip **33463**

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 *Dorothy Gay*

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

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, 2002 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

TITLE **D**
 NAME **GAY, DOROTHY**
 STREET ADDRESS **41 HEATHER COVE DR.**
 CITY-ST-ZIP **BOYNTON BEACH FL 33462**

TITLE **GAY, DOROTHY**
 NAME **5317 Oakmont Village Circle**
 STREET ADDRESS **Lake Worth, Florida 33463**
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **May, Dorothy**
 NAME **5317 Oakmont Village Circle**
 STREET ADDRESS **Lake Worth, FL 33463**
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
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TITLE
 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)(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: *Dorothy Gay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/02

Daytime Phone #

CR2E034 (8/01)