

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 31, 2002 8:00 am
Secretary of State**

03-31-2002 90346 031 ***150.00

DOCUMENT # P00000115625
1. Entity Name
SAN CARLOS PARK REALTY, INC.

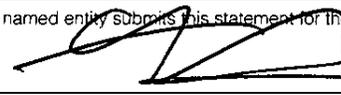
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7460 SAN CARLOS BLVD. SE		3. Mailing Address 7460 SAN CARLOS BLVD. SE	
Suite, Apt. #, etc. SUITE B		Suite, Apt. #, etc. SUITE B	
City & State FORT MYERS, FL		City & State FORT MYERS, FL	
Zip 33912	Country	Zip 33912	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3686806			Applied For
				Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
	7. Name and Address of Current Registered Agent			
Name WANDERON, THOMAS				
Street Address (P.O. Box Number is Not Acceptable) 868 106TH AVENUE N.				
City NAPLES		State FL		Zip Code 34108

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.

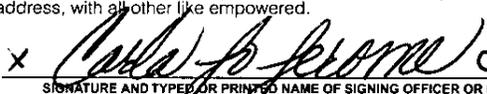
SIGNATURE:  **THOMAS WANDERON** DATE: **03/12/02**

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEROME, CARLA JO 7460 SAN CARLOS BLVD, SE., SUITE B FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **CARLA JO JEROME** x **3-18-02** x **590-0417**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)