

Kevin Jakob

352-

5/20/21

5/1

FILED

Jul 04, 2002 8:00 am
Secretary of State

05-20-2002 90122 044 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000004711

1. Entity Name

TOTAL REAL ESTATE DEVELOPMENT, INC.

Principal Place of Business

600 EAST HWY 90
CLERMONT FL 34711

Mailing Address

600 EAST HWY 90
CLERMONT FL 34711

2. Principal Place of Business

2105 Highland Ave Rd
Suite 7
Clermont, FL

3. Mailing Address

PO Box 180550
Suite 7, etc.
Clermont, FL

City & State

Clermont, FL

City & State

Clermont, FL

Zip

34711

Zip

34712

Country

USA

Country

USA

4. FID Number

26-5999833

Applied For

Not Applicable

5. Certificate of Status Dated

08.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

Name: Robert P. JakobAddress: 600 East Hwy 90City & State: Clermont FL 34711

7. Name and Address of New Registered Agent

Name: Robert P. JakobAddress: 600 East Hwy 90City & State: Clermont FL 34711

8. The above named entity certifies the statement for the purpose of changing its registered agent or registered office or both, in the State of Florida.

SIGNATURE: Robert P. Jakob

6/26/02

9. This corporation is eligible to qualify for exemption
Tax filing requirement and status to do so.
(See circle on back) ☐

FILE MONTHLY FEE IS \$100.00

After May 1, 2002 Fee will be \$200.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May be
Added to Fee

11.

OFFICERS AND DIRECTORS

ADDITIONAL OFFICERS TO OFFICERS AND DIRECTORS IN 11

NAME
TITLE
STREET ADDRESS
CITY-STATE-ZIP600
ADAM BRYAN, LINDA G
600 EAST HWY 90
CLERMONT FL 34711☐ Delete

NAME

TITLE

STREET ADDRESS

CITY-STATE-ZIP

☐ Change☐ AddNewNAME
TITLE
STREET ADDRESS
CITY-STATE-ZIP600
JANIS, KEVIN E JR
600 EAST HWY 90
CLERMONT FL 34711☐ Delete

NAME

TITLE

STREET ADDRESS

CITY-STATE-ZIP

☐ Change☐ AddNewNAME
TITLE
STREET ADDRESS
CITY-STATE-ZIP☐ Delete

NAME

TITLE

STREET ADDRESS

CITY-STATE-ZIP

☐ Change☐ AddNewNAME
TITLE
STREET ADDRESS
CITY-STATE-ZIP☐ Delete

NAME

TITLE

STREET ADDRESS

CITY-STATE-ZIP

☐ Change☐ AddNewNAME
TITLE
STREET ADDRESS
CITY-STATE-ZIP☐ Delete

NAME

TITLE

STREET ADDRESS

CITY-STATE-ZIP

☐ Change☐ AddNewNAME
TITLE
STREET ADDRESS
CITY-STATE-ZIP☐ Delete

NAME

TITLE

STREET ADDRESS

CITY-STATE-ZIP

☐ Change☐ AddNew

12. I hereby certify that the information contained with this filing does not comply for the exemption stated in Section 119.02(1)(a), Florida Statutes. I further certify that the information indicated on this report of incorporation 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 member or trustee empowered to complete this report as required by Chapter 607, Florida Statutes and that my name appears in Block 11 or Block 12 if otherwise, or on an attachment with an address, with all other the information.

SIGNATURE: Robert P. Jakob SIGNATURE REQUIRED