

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90196 019 ***150.00

DOCUMENT # P01000004711

1. Entity Name
TOTAL REAL ESTATE DEVELOPMENT, INC.



Principal Place of Business
**2105 HARDWOOD MARSH RD
STE 7
CLERMONT FL 34711**

Mailing Address
**P.O. BOX 120550
CLERMONT FL 34712**

60014832



2. Principal Place of Business
2105 Hartwood Marsh Rd

3. Mailing Address

Suite, Apt. #, etc.
Ste 7

Suite, Apt. #, etc.

City & State
Clermont FL

City & State

4. FEI Number
59-3723113
~~26-5990833~~

Applied For
Not Applicable

Zip
34711

Country
USA

Zip

Country

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

**TOEYOGUIQUE ACCOUNTING
1001 N CENTRAL AVE
KISSIMMEE FL 34741**

Name **Jakob, Kevin E Jr.**

Street Address (P.O. Box Number is Not Acceptable)
10429 Lake Louisa Road

City **Clermont** **FL** Zip Code **34711**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-19-03

FILE NOW!!! FFE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
AGARD-RYAN, LINDA G
669 EAST HWY 50
CLERMONT FL 34711** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
17312 Summer Sun Ct. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JAKOB, KEVIN E JR
669 EAST HWY 50
CLERMONT FL 34711** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10429 Lake Louisa Road ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-03 352 394-4237

Date

Daytime Phone #

CR2E034 (10/02)