

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91165 026 ***150.00

DOCUMENT # 01000006972 ✓

1. Entity Name

Realty Resource Group, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8820 N. Palafox Hwy

Suite, Apt. #, etc.

3. Mailing Address

8820 N. Palafox Hwy

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pensacola FL

City & State
Pensacola FL

4. FEI Number

59-3694002

Applied For

☐ Not Applicable

Zip
32534

Country

Zip
32534

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Danny D. Helms

Street Address (P.O. Box Number is Not Acceptable)
8820 N. Palafox Hwy

City Pensacola

FL

Zip Code
32534

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☐

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.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVT
Danny D. Helms
8820 N. Palafox Hwy
Pensacola, FL 32534

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2002
Date

950-505-0218
Daytime Phone #

CR2034B (12/01)