

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**  
04-21-2003 90527 045 \*\*\*150.00

0377488 AV

**DOCUMENT # P01000009746**

1. Entity Name  
**REAL ESTATE ADVISORY SERVICES ON-LINE, INC.**



Principal Place of Business  
**1124 BROADWAY  
SUITE N  
RIVIERA BEACH FL 33404**

Mailing Address  
**1124 BROADWAY  
SUITE N  
RIVIERA BEACH FL 33404**



2. Principal Place of Business  
**120 S. olive Ave.**  
Suite/Apt. #, etc. **705**

3. Mailing Address  
**120 S. OLIVE Ave**  
Suite/Apt. #, etc. **705**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**WEST Palm Beh, FL**  
Zip **33401** Country **USA**

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**WEST Palm Beh, FL**  
Zip **33401** Country **USA**

4. FEI Number **65-1069610**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DR  
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE 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	<b>P</b> <b>BANFORD, JAMES W</b> <b>1124 BROADWAY, SUITE N</b> <b>RIVIERA BEACH FL 33404</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>120 S. OLIVE AVE</b> <b>WEST Palm Beh, FL</b> <b>33401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** **Jim Banford** **4-18-03** **5616556605**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)