

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90942 011 ***150.00

DOCUMENT # P01000024070

1. Entity Name
TRACY PRICE REAL ESTATE SALES, INC.



Principal Place of Business
**221 RIO MAR DR.
PORT ST. LUCIE FL 34952**

Mailing Address
**221 RIO MAR DR.
PORT ST. LUCIE FL 34952**



2. Principal Place of Business
221 RIO MAR DR. 6802 THOREAU TERR
Suite, Apt. #, etc.

3. Mailing Address
6802 THOREAU TERR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PT. ST. LUCIE, FL
Zip
34952
Country
ST. LUCIE

4. FEI Number **65-1081332**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PRICE, TRACY
221 RIO MAR DRIVE 6802 THOREAU TERR.
PORT SAINT LUCIE FL 34952

7. Name and Address of New Registered Agent

Name
N/A
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 _____ DATE **2/26/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PRICE, TRACY A
221 RIO MAR DR 6802 THOREAU TERR
PORT SAINT LUCIE FL 34952

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Tracy Price**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03 **772-467-0932**
Date Daytime Phone #

CR2E034 (10/02)