2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000026108

1. Entity Name

FRUITFUL REAL ESTATE SERVICES, INC.

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91794 033 ***150.00

Principal Place of Business	Mailing Address
6880-46TH AVE N STE 240	6880-46TH AVE N STE 240
ST PETERSBURG FL 33709	ST PETERSBURG FL 33709

2. Principal Place of Business — 8098 91 Terrace North

3. Mailing Address — P.O. Box 10007

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State — St. Petersburg Fl. | City & State — Largo, Fl.

Zip — 33773 | Country — USA | Zip | Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number — 04-375 4939 ~~APPLIED FOR~~

Applied For / Not Applicable

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
REED, JOHN W	Name — Reed, John W
6880-46TH AVE N STE 240	Street Address (P.O. Box Number is Not Acceptable)
ST PETERSBURG FL 33709	8098 91st Terrace North
	St Petersburg FL 33773

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 — John W Reed

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

DATE — 4/30/03

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	D	☐ Delete	TITLE	Reed, John W	☑ Change ☐ Addition
NAME	REED, JOHN W		NAME	8098 91st Terrace North	
STREET ADDRESS	6880-46TH AVE N STE 240		STREET ADDRESS	St. Petersburg, Fl. 33773	
CITY-ST-ZIP	ST PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: John W Reed   4/30/03   727-541-7472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #