

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90041 039 \*\*\*150.00

**DOCUMENT # P01000026511**

1. Entity Name  
**REAL ESTATE APPLICATIONS, INC.**



Principal Place of Business

~~251 S. STATE RD. 7~~  
~~PLANTATION FL 33317~~

Mailing Address

~~251 S. STATE RD. 7~~  
~~PLANTATION FL 33317~~

2. Principal Place of Business

**101 N. RIVERSIDE DR**

Suite, Apt. #, etc.

**SUITE # 114-E**

3. Mailing Address

**101 N. RIVERSIDE DR**

Suite, Apt. #, etc.

**SUITE # 114-E**

City & State

**POMPANO BEACH, FL**

City & State

**POMPANO BEACH, FL**

Zip

**33062**

Country

**US**

Zip

**33062**

Country

**US**

4. FEI Number

**65-1092564**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

~~SNAGG, ADRIAN H~~

~~251 S. STATE RD. 7~~

~~PLANTATION FL 33317~~

7. Name and Address of New Registered Agent

Name

**JOSEPH LEONE**

Street Address (P.O. Box Number is Not Acceptable)

**101 N. RIVERSIDE DRIVE, SUITE 114-E**

**POMPANO BEACH,**

City

**FL**

Zip Code

**33062**

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

**JOSEPH LEONE, PRES.**

**3/29/03**

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	<b>P LEONE, JOSEPH</b> <input type="checkbox"/> Delete
STREET ADDRESS	<del>251 S. STATE RD. 7</del>
CITY-ST-ZIP	<del>PLANTATION FL 33317</del>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<b>PRESIDENT JOSEPH LEONE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>101 N RIVERSIDE DRIVE # 114-E</b>
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33062</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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

**JOSEPH LEONE, PRES.**

**3/29/03**

**954**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)