

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000027270

1. Entity Name

DEMOLITION & ESTATE SALES SPECIALISTS, INC.

DAA: REAL HOME WRECKER

Principal Place of Business

901 PROGRESSO DRIVE SUITE L-8  
FORT LAUDERDALE FL 33304

Mailing Address

901 PROGRESSO DRIVE SUITE L-8  
FORT LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1113963

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

INGLIS, RICHARD K ESQ  
2455 E SUNRISE BLVD  
SUITE 320, INTERNATIONAL BUILDING  
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name: HOLLANDER, BRUCE P.A.  
Street Address (P.O. Box Number is Not Acceptable):  
901 S. STATE ROAD 7  
PENTHOUSE C  
City: HOLLYWOOD FL Zip Code: 33023

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 reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

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          | D | JOHNSON, ELIZABETH            | <input type="checkbox"/> Delete |
| NAME           |   |                               |                                 |
| STREET ADDRESS |   | 901 PROGRESSO DRIVE SUITE L-8 |                                 |
| CITY-ST-ZIP    |   | FORT LAUDERDALE FL 33304      |                                 |
| TITLE          | D | CLEMENS, SHERRY SUE           | <input type="checkbox"/> Delete |
| NAME           |   |                               |                                 |
| STREET ADDRESS |   | 901 PROGRESSO DRIVE SUITE L-8 |                                 |
| CITY-ST-ZIP    |   | FORT LAUDERDALE FL 33304      |                                 |
| TITLE          | D | SNIDER, JUANITA               | <input type="checkbox"/> Delete |
| NAME           |   |                               |                                 |
| STREET ADDRESS |   | 901 PROGRESSO DRIVE SUITE L-8 |                                 |
| CITY-ST-ZIP    |   | FORT LAUDERDALE FL 33304      |                                 |
| TITLE          |   |                               | <input type="checkbox"/> Delete |
| NAME           |   |                               |                                 |
| STREET ADDRESS |   |                               |                                 |
| CITY-ST-ZIP    |   |                               |                                 |
| TITLE          |   |                               | <input type="checkbox"/> Delete |
| NAME           |   |                               |                                 |
| STREET ADDRESS |   |                               |                                 |
| CITY-ST-ZIP    |   |                               |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |          |                            |                                                                              |
|----------------|----------|----------------------------|------------------------------------------------------------------------------|
| TITLE          | PJT      | JOHNSON, ELIZABETH         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |          |                            |                                                                              |
| STREET ADDRESS |          | 901 PROGRESSO DR U1        |                                                                              |
| CITY-ST-ZIP    |          | FORT LAUDERDALE FL 33304   |                                                                              |
| TITLE          | S        | CLEMENS, SHERRY SUE        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |          |                            |                                                                              |
| STREET ADDRESS |          | 2543 DWEECHOBESUN U-1      |                                                                              |
| CITY-ST-ZIP    |          | FORT LAUDERDALE FL 33312   |                                                                              |
| TITLE          | VP       | SNIDER, JUANITA            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |          |                            |                                                                              |
| STREET ADDRESS |          | 901 PROGRESSO DR SUITE U10 |                                                                              |
| CITY-ST-ZIP    |          | FORT LAUDERDALE FL 33304   |                                                                              |
| TITLE          | DIRECTOR | NAHABEDIAN, BENJAMIN       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |          |                            |                                                                              |
| STREET ADDRESS |          | 901 PROGRESSO DR SUITE U1  |                                                                              |
| CITY-ST-ZIP    |          | FORT LAUDERDALE FL 33304   |                                                                              |
| TITLE          |          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |          |                            |                                                                              |
| STREET ADDRESS |          |                            |                                                                              |
| CITY-ST-ZIP    |          |                            |                                                                              |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jun 10, 2002 8:00 am  
Secretary of State

05-07-2002 90261 015 \*\*\*150.00

92344



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)