

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90017 029 \*\*\*150.00

**DOCUMENT # P01000033746**

1. Entity Name  
**REALNET OF SOUTHEAST FLORIDA, INC.**



Principal Place of Business

1249 NORTH ORANGE AVE  
 ORLANDO FL 32804

Mailing Address

1249 NORTH ORANGE AVE  
 ORLANDO FL 32804



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3797349

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARMSTRONG, JANICE  
 1249 NORTH ORANGE AVE  
 ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name Barbara Freeman  
 Street Address (P.O. Box Number is Not Applicable) 1249 North Orange Ave

City Orlando FL Zip Code 32804

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 B Freeman  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Barbara Freeman

4/30/02

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 ☐ Delete  
 NAME PARRETT, JOHN E  
 STREET ADDRESS 1249 NORTH ORANGE AVE  
 CITY-ST-ZIP ORLANDO FL 32804

TITLE D ☒ Delete  
 NAME KOENIG, BRIAN  
 STREET ADDRESS 1249 NORTH ORANGE AVE  
 CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President, Secretary and Director ☐ Change ☒ Addition  
 NAME Trey Aulis  
 STREET ADDRESS 905 East Cypress Creek  
 CITY-ST-ZIP Ft. Lauderdale, FL 33334

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

John Parrett  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02  
 Date

407-482-1000x191  
 Daytime Phone #

CR2E034 (9/01)