

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90044 021 \*\*\*150.00

**DOCUMENT # P01000045027**

**1. Entity Name**  
**INDEPENDENT REAL ESTATE LISTING SERVICE, INC**

**Principal Place of Business**  
**605 W BLOOMINGDALE AVE STE A**  
**BRANDON FL 33511**

**Mailing Address**  
**605 W BLOOMINGDALE AVE STE A**  
**BRANDON FL 33511**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**1433 OAKFIELD DRIVE**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**1433 OAKFIELD DRIVE**  
 Suite, Apt. #, etc.

**City & State**  
**VALRICO, FL**

**City & State**  
**VALRICO, FL**

**4. FEI Number**  
**52-2321412**

**Applied For**  
 Not Applicable

**Zip**  
**33511**

**Country**

**Zip**  
**33511**

**Country**

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

**6. Name and Address of Current Registered Agent**

**ROSEN, JEFFREY**  
**605 W BLOOMINGDALE AVE STE A**  
**BRANDON FL 33511**

**7. Name and Address of New Registered Agent**

**Name**  
**JEFFREY ROSEN**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**2410 NEEDHAM LANE**  
**City**  
**VALRICO** **FL** **Zip Code**  
**33594**

**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 of person 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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>ROSE</b> <b>N, JEFFREY</b> <b>605 W BLOOMINGDALE AVE STE A</b> <b>BRANDON FL 33511</b>	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PRESIDENT &amp; DIRECTOR</b> <b>JEFFREY ROSEN</b> <b>2410 NEEDHAM LANE</b> <b>VALRICO, FL 33594</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VICE PRESIDENT &amp; DIRECTOR</b> <b>MARIO ALWERTZ</b> <b>2423 SAGE MONT DRIVE</b> <b>BRANDON, FL 33511</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JEFFREY ROSEN, PRESIDENT** **4/27/02** **813/654-2976**  
 Date Daytime Phone #

CR2E034 (9/01)