

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90085 041 ***300.00

DOCUMENT # P01000052552**1. Entity Name**
REALISTIC CONCEPTS, INC.**Principal Place of Business****5350 NEAL RD.**
FT. MYERS FL 33905**Mailing Address****5350 NEAL RD.**
FT. MYERS FL 33905**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number**65-1104436**

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****HOLLAN, MARK E**
5350 NEAL RD.
FT. MYERS FL 33905

Name

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

City

FL

Zip Code

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HOLLAN, MARK E**
CITY-ST-ZIP **5350 NEAL RD.**
FT. MYERS FL 33905TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 all other like empowered.****SIGNATURE:** *Mark E. Hollan* **MARK E. HOLLAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 April 2002 (239) 693-6171

Date

Daytime Phone #

CR2E034 (9/01)

Attachment # P01000052(55)2
2002

ANNUAL REPORT FOR
REALISTIC CONCEPTS, INCORPORATED

REALISTIC CONCEPTS, INC.
5350 NEAL ROAD
FT. MYERS, FL 33905-6845

INCORPORATED: 15 MAY 2001

REALISTIC CONCEPTS, INC.
5350 NEAL ROAD
FT. MYERS, FL 33905-6845
(239) 693-6171 PHONE/FAX

FEI: 65-1104436

MARK E. HOLLAN, DIRECTOR
5350 NEAL ROAD
FT. MYERS, FL 33905-6845

MARK E. HOLLAN, REGISTERED AGENT
5350 NEAL ROAD
FT. MYERS, FL 33905-6845

NO TAX LIABILITY DETERMINED: BEGAN OPERATIONS 1 JANUARY 2002

SUBMITTED BY: MARK E. HOLLAN 

26 APRIL 2002