FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2002 8:00 am Secretary of State

05-01-2002 91526 030 ***158.75

Oldii Okiii BoolitEoo KEI Oki (OBit)				
DOCUMENT #	P010	000746	49	
Select	ONE	Realty	, Inc.	

Select ONE REALTY		
DO NOT WRITE IN THIS S	643871	
2. Principal Place of Business 3. Mailing Address 405 2nd 5treet South P.D. 30)	1644	
405 2nd Street South P.D. Box Suite, Apt. #, etc. Ste A	DO NOT WRITE IN THIS SPACE	
City & State City & State	HARbOR, FL	4. FEI Number
34695 Country 34695	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent
Name A C		of Adele BRYANT
DU NUI VVRIIE Street Address		(P.O. Box Number is Not Acceptable) O Phillippe Court
IN THIS SPACE		
	City SAFE	ety Itanbor FL 134695
8. The above named entity submits this statement for the purpose of changing it		
SIGNATURE CHAPT Adule Bergard Signature, typed or printed name of registered agent and title if applicable. (NO	TE: Registered Agent signature required	4/18/2002 d when resistating) DATE
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11. OFFICERS AND DIRECTORS		
THE PRESIDENT	TITLE NAME	7007
NAME CAROL Adele BRYANT STREET ADDRESS 2000 Philippe COURT	STREET ADDRESS	50
CITY-ST-ZIP SAFETY ITARBOL, F/ 3469.3	CITY-ST-ZIP	203
TITLE	TITLE NAME	CRZE034B (12/01)
NAME STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP,	CITY-ST-ZIP	
TITLE	TITLE	
NAME STREET ADDRESS	NAME STREET ADDRESS	DO NOT WOITE
CITY-ST-ZIP	CITY - ST - ZIP	DO NOT WRITE
NILE	TITLE NAME	IN THIS SPACE
NAME STREET ADDRESS	STREET ADDRESS	
CTTY-ST-ZIP	CTY-ST-ZIP	
TITLE	TITLE	
NAME / / STREET ADDRESS /	NAME STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	TITLE	
NAME STEET ADDRESS	NAME STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filing does not qualify f	or the exemption stated in Se	ection 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 of the corporation or the receiver or trustee empowered to execute this repattachment with an address, with all other like empowered.	ort as required by Chapter 6	isame legal effect as it made under dain; that it am an officer of director (07, Florida Statutes; and that my name appears in Block 11 or on an

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

4/18/2002 418 Date Daylin

418-102Z Daytime Phone #