2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 13, 2002 8:00 am DOCUMENT # P01000082181 **Secretary of State** 1. Entity Name 03-13-2002 90109 034 ***150.00 REAL ESTATE ASSET GROUP, INC. Principal Place of Business Mailing Address 144 COMMERCIAL WAY 144 COMMERCIAL WAY SPRING HILL FL 34606 SPRING HILL FL 34606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVISON, JEFFREY K Street Address (P.O. Box Number is Not Acceptable) 144 COMMERCIAL WAY SPRING HILL FL 34606 City 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 FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) ☐ Addition TOTLE ☐ Delete TITLE NAME DAVISON, JEFFREY K NAME STREET ADDRESS 144 COMMERCIAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34606 TITI F ☐ Delete Change ☐ Addition VSTD RUSSO, THOMAS J NAME RUSSO, THOMAS J 144 Commercial Way STREET ADDRESS STREET ADDRESS 4228 HEADSAIL DRIVE SPRINGHILL 7L 34608 CITY-ST-ZIP NEW PORT RICHEY FL 34652 CITY-ST-ZIP Delete * TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 D.

ey K. DAVISON