

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000088710**

1. Entity Name

THE REAL ESTATE CENTER OF LAKE COUNTY, INC.



FILED

**May 01, 2003 8:00 am
Secretary of State**

05-01-2003 90359 025 ***150.00

6080800
AV

Principal Place of Business
51 OLD MT DORA RD.
EUSTIS FL

Mailing Address
51 OLD MT DORA RD.
EUSTIS FL

2. Principal Place of Business

201 Floral Ave

Suite, Apt. #, etc.

3. Mailing Address

201 Floral Ave

Suite, Apt. #, etc.

City & State
Eustis FL

Zip **32726**

Country **USA**

City & State
Kustis FL

Zip **32726**

Country **USA**

4. FEI Number

59-3750261

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAMER, PHILLIS
51 OLD MT DORA RD
EUSTIS FL 32726

7. Name and Address of New Registered Agent

Name **Rebecca McPherson**

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

201 Floral Ave

City **Eustis**

FL

Zip Code **32726**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Rebecca McPherson** **Rebecca McPherson** Pres. **3/31/03**

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **CRAMER, PHILLIS**
STREET ADDRESS **51 OLD MT DORA RD**
CITY-ST-ZIP **EUSTIS FL 32726**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P1/P1/5/7
Rebecca McPherson
201 Floral Ave
Eustis FL 32726

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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CITY-ST-ZIP

Change

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CITY-ST-ZIP

Change

Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Rebecca McPherson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca McPherson 3/31/03 351-6020 (352)

Date

Daytime Phone #

CR2E034 (10/02)