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2002 UNIFORM BUSINESS REPORT (UBR)

Sep 15, 2002 8:00 am Secretary of State DOCUMENT # P01000089821 1. Entity Name 09-15-2002 90087 031 ***550.00 FORTUNE REALTY SERVICES, INC. Principal Place of Business Mailing Address 6325 CORPORAT FORT MYERS FL 33919 FORT MYERS FL 33919 Presidential Court presidential Court 6325 Presidential Ct. 6325 Presidential Suite, Apt. #, etc **57e · 3** DO NOT WRITE IN THIS SPACE 5+0 4. FEI Number Applied For FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Charles F. Bailey NAPLES-LAWDOCK INC. 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103 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 famili (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete NAME NAME - The STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME 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 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 alpother like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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NAME

STREET ADDRESS

STREET ADDRESS

-CITY-ST-ZIP

CITY-ST-7IP

DRESE Charles F. Bailey

☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

☐ Addition