2002 UNIFORM BUSINESS REPORT (UBR)

13. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver or trustee emporered to

changed, or on an

SIGNATURE

true and a ered to e

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 20, 2002 8:00 am § Secretary of State DOCUMENT # P01000095500 1. Entity Name 05-20-2002 90121 014 ***150 00 REAL ESTATE & ESCROW AGENTS, INC Principal Place of Business Mailing Address 45 DRENNEN ROAD 45 DRENNEN ROAD ORLANDO FL 32806 ORLANDO FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namě ROANE, CHERL R Street Address (P.O. Box Number is Not Acceptable) **45 DRENNEN ROAD** ORLANDO FL 32806 City 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) FILE NOW!!! FEE IS \$150.00 9. 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. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Change Addition NAME ROANE, CHERL R STREET ADDRESS 45 DRENNEN ROAD STREET ADDRESS CITY-ST-7IE ORLANDO FL 32806 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete__ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

toes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information surate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director spectre this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED