FILED
Apr 08, 2003 8:00 am
Secretary of State
04-08-2003 90096 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000103343

1. Entity Name
A PLUS REAL ESTATE INVESTMENTS, INC.

90077349

Principal Place of Business	Mailing Address
505 AVENUE A, NW SUITE 102 WINTER HAVEN, FL 33881-4626	505 AVENUE A, NW SUITE 102 WINTER HAVEN, FL 33881-4626

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
151 Prestwick Drive	151 Prestwick Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davenport, FL	City & State: Davenport, FL
Zip: 33897 Country:	Zip: 33897 Country:

4. FEI Number: 59-3748311 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOVONI, BRIAN R 505 AVENUE A, NW SUITE 102 WINTER HAVEN, FL 33881-4626	Name: Jim Van De Laer Street Address (P.O. Box Number is Not Acceptable): 151 Prestwick Drive City: Davenport FL Zip Code: 33897

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: X [signature] 04/04/03
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 NAME STREET ADDRESS CITY-ST-ZIP	D VAN DE LAER, JIM 151 PRESTWICK DRIVE DAVENPORT, FL 33897	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: X [signature] 04/04/03 863-424-7556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #