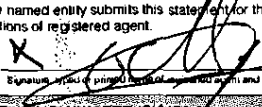
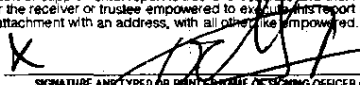


FILED
Apr 08, 2003 8:00 am
Secretary of State

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.		
Principal Place of Business 505 AVENUE A, NW SUITE 102 WINTER HAVEN, FL 33881-4626		Mailing Address 505 AVENUE A, NW SUITE 102 WINTER HAVEN, FL 33881-4626
2. Principal Place of Business 151 Prestwick Drive Suite, Apt. #, etc.		3. Mailing Address 151 Prestwick Drive Suite, Apt. #, etc.
City & State Davenport FL		City & State Davenport FL
Zip 33897	Country	Zip 33897
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 GOVONI, BRIAN R 505 AVENUE A, NW SUITE 102 WINTER HAVEN, FL 33881-4626		
7. Name and Address of New Registered Agent 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  DATE 04/04/03 (NOTE: Registered Agent's signature required when resigning.)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After May 15, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS 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:  DATE 04/04/03		Daytime Phone # 863-424-7556

90077349



☒ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)