## FILED May 15, 2002 8:00 am Secretary of State

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

SIGNATURE:

05-15-2002 90071 025 \*\*\*150.00 DOCUMENT # PO1000104825 1. Entity Name LATITUDE 27 REALTY GROUP, INC 5203 52 AVE WEST BRADENTON, FLORIDA 34210 659725 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address
3902 ESTATE RD 64 3902 E STATE RD 64 DO NOT WRITE IN THIS SPACE 4. FEI NUMBER - 0001/29 City & State BRADEN TON BRADENTON, FLORIDA Applied For FLORION Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ÚSA Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE City SA RASOTA 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 S.gnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS PRESIDENT TITLE CR2E034B (12/01 ERWIN J. ANDERSEN 390 A E. STATE ROAD 64 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FLORIDA 34208 CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE 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 receives or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an of the corporation or the receiver or trustee empowered attachment with an address with all other like empowered

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR