4/10/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State
04-10-2002 90360 040 ***158.75

DOCUMENT # P01000112034

1. Entity Name
AMERICAN REALTY FINANCIAL SERVICES, SM, INC.

Principal Place of Business	Mailing Address
3601 W CENTRAL BLVD ORLANDO FL 32802-1172	3601 W CENTRAL BLVD ORLANDO FL 32802-1172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2235 Monte Carlo	P.O. Box 1172
Suite, Apt. #, etc.	Suite, Apt. #, etc. ORLANDO
City & State ORL.	City & State FLORIDA
Zip 32802 Country USA	Zip 32802 Country USA

4. FEI Number — ☐ 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
ADAMS TH. D., DOCTOR TIM L BROTHER 3601 W CENTRAL BLVD ORLANDO FL 32802-1172	Name Street Address (P.O. Box Number is Not Acceptable) 2235 Monte Carlo Trail City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, TH. D., DOCTOR TIM L BROTHER 3601 W CENTRAL BLVD ORLANDO FL 32802-1172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, secretary Treasurer 2235 Monte Carlo Tr. 32802 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, A.A., VICTOR BROTHER 3601 W CENTRAL BLVD ORLANDO FL 32802-1172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir. 2235 Montecarlo Tr. ORL. Fl. 32802 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, A.A., TIMEKA SISTER 3601 W CENTRAL BLVD ORLANDO FL 32802-1172	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robert Lee Smith 2235 Monte Carlo Tr. ORL. Fl. 32802-1172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director 2235 Monte Carlo Tr. ORL. Fl. 32802 ☐ 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

CR2E034 (9/01)

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 all other like empowered.

SIGNATURE: _____ 03-29-02 407595-0359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #