

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90423 007 ***150.00

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DOCUMENT # P01000115459

1. Entity Name
FL REAL ESTATE INVESTORS, INC.

Principal Place of Business
**2049 SE TALWOOD LANE
 PORT ST. LUCIE FL 34952**

Mailing Address
**2049 SE TALWOOD LANE
 PORT ST. LUCIE FL 34952**



2. Principal Place of Business

3. Mailing Address
P.O. Box 7184

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
Port St. Lucie, FL

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip
34985

Country
USA

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

**FARRELL, RICKEY L ESQ.
 1595 SE PORT ST. LUCIE BLVD.
 PORT ST. LUCIE FL 34952**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 **D** Delete
 NAME **HARTMANN, PAT**
 STREET ADDRESS **2049 SE TALWOOD LANE**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **Director** Change Addition
 NAME **Jennifer Borrack**
 STREET ADDRESS **2049 SE Talwood Lane**
 CITY-ST-ZIP **Port St. Lucie, FL 34952**

~~TITLE **Director** Delete
 NAME **Jennifer Borrack**
 STREET ADDRESS **2049 SE Talwood Lane**
 CITY-ST-ZIP **Port St. Lucie, FL 34952**~~

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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 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: *Pat Hartmann*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)