

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-01-2002 91555 026 ***150.00

DOCUMENT # P01000118142

1. Entity Name

ABSOLUTE REALTY OF CENTRAL FLORIDA, INC.

Principal Place of Business

**3850 SE 58TH AVENUE
 UNIT 2
 OCALA FL 34480**

Mailing Address

**PO BOX 351
 SILVER SPRINGS FL 34489**

2. Principal Place of Business

3928 S.E. 58th Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Zip

34480

Country

Zip

Country

4. FEI Number

03-0384450

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75-Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MILAM, JERREA R
 3850 SE 58TH AVE
 UNIT 2
 OCALA FL 34480**

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Jerrea R. Milam	1324 NE 11th Cir	Ocala FL 34470	<input type="checkbox"/>
Vice President	Carolyn Mowery	360 Banyan Pass	Ocala, FL 34471	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerrea R. Milam

Date

4/17/02 352-402-9898

Daytime Phone #

CR2E034 (9/01)