

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2003 8:00 am**  
**Secretary of State**

5/5/

05-05-2003 91166 009 \*\*\*150.00

**DOCUMENT #** P02000016320 ✓

**1. Entity Name**  
REAL EQUITY VENTURES, INC.

**Principal Place of Business**  
1775 EAGLE TRACE BLVD. WEST  
CORAL SPRINGS FL 33071

**Mailing Address**  
1775 EAGLE TRACE BLVD. WEST  
CORAL SPRINGS FL 33071

**2. Principal Place of Business**  
1500 University DR  
Suite, Apt. #, etc. 105  
City & State CORAL SPRINGS FL  
Zip 33071 Country Broward

**3. Mailing Address**  
Same  
Suite, Apt. #, etc. Same  
City & State Same  
Zip Same Country Same

☐ CHECK HERE IF MAKING CHANGES

**4. FPC Number** 02054727-2  
Applied For ☐ Not Applicable ☒

**5. Certificate of Status Desired** ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
FRYBERGH, PHILIP L  
1775 EAGLE TRACE BLVD. WEST  
CORAL SPRINGS FL 33071

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE *[Signature]* PRESIDENT DATE April 29-03

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	FRYBERGH, PHILIP L	
STREET ADDRESS	1775 EAGLE TRACE BLVD. WEST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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: *[Signature]* PRESIDENT DATE 4/29/03 DAYTIME PHONE 7543680800

CR2E034 (10/02)