


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90271 014 ***150.00

0421377 AV

DOCUMENT #	P02000019680	
1. Entity Name REAL ESTATE PLUS, INC.		

Principal Place of Business 3175 S. CONGRESS AVE., STE. 308 PALM SPRINGS FL 33461	Mailing Address 3175 S. CONGRESS AVE., STE. 308 PALM SPRINGS FL 33461
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2. Principal Place of Business 140 MANGROVE COURT Suite, Apt. #, etc.	3. Mailing Address 140 MANGROVE COURT Suite, Apt. #, etc.
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☐ CHECK HERE IF MAKING CHANGES

City & State Royal Palm Beach FL.	City & State Royal Palm Beach FL.	4. FEI Number 03-0394765	Applied For <input type="checkbox"/> Not Applicable
Zip 33411	Country USA	Zip 33411	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FORBES, THOMAS M 3175 S. CONGRESS AVE., STE. 308 PALM SPRINGS FL 33461		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 140 MANGROVE COURT Royal Palm Beach FL 33411	
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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 Thomas M. Forbes Thomas M. Forbes 4/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORBES, THOMAS M 3175 S. CONGRESS AVE., STE. 308 PALM SPRINGS FL 33461	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - President Thomas M. Forbes 140 MANGROVE COURT Royal Palm Beach FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Thomas M. Forbes Thomas M. Forbes 4/15/03 561-795-0722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)