



**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000035543						80116734	
1. Entity Name ASSURANCE REALTY AND INVESTMENTS, INC.							
Principal Place of Business 7993 SOUTH FEDERAL HIGHWAY PORT ST. LUCIE, FL. 34952				Mailing Address PO BOX 8801401 PORT ST. LUCIE, FL. 34986			
2. Principal Place of Business <i>8021 South Federal Highway</i>		3. Mailing Address <i>8021 South Federal Highway</i>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES			
City & State <i>Port St. Lucie, FL</i>		City & State <i>Port St. Lucie, FL</i>		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <i>34952</i>		Country <i>USA</i>		Zip <i>34952</i>		Country <i>USA</i>	
5. Name and Address of Current Registered Agent CROOKS, BERYL 7993 S. FEDERAL HWY PORT ST LUCIE, FL. 34952				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable) <i>8021 South Federal Highway</i>			
City				City <i>Port St. Lucie FL</i>			
Zip Code <i>34952</i>				Zip Code <i>34952</i>			
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 <i>Beryl Crooks</i>		DATE <i>4/25/03</i>					
<small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>DATE</small>		<small>(NOTE: Registered Agent Signature required when re-registering)</small>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CROOKS, BERYL			NAME			
STREET ADDRESS	7993 S. FEDERAL HWY			STREET ADDRESS			
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34952			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEE, ARTHENE			NAME			
STREET ADDRESS	361 ARCHER AVE.			STREET ADDRESS			
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34983			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(1), 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: <i>Beryl Crooks</i>		DATE: <i>4/25/03</i>		ORIGINAL PHONE #: <i>563443288</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>		<small>ORIGINAL PHONE #</small>			

CFR2004 (10/02)