



**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 8021 South Federal Highway Suite, Apt. #, etc.		3. Mailing Address 8021 South Federal Highway Suite, Apt. #, etc.		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL			
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificates of Status Desired <input checked="" type="checkbox"/> \$6.75 Additional Fee Required		6. 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 Street Address (P.O. Box Number is Not Acceptable) 8021 South Federal Highway City Port St. Lucie FL Zip Code 34952	
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 4/25/03	
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
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: 4/25/03		ORIGINAL PHONE # 563443288	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Original Phone #	

CFR2004 (10/02)