2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90157 014 ***150.00

DOCUMENT # P02000038526

1. Entity Name
FLORIDA PROFESSIONAL REALTY, INC.

Principal Place of Business
~~500 E. KENNEDY BLVD., SUITE 120~~
~~TAMPA, FL 33602~~

Mailing Address
~~500 E. KENNEDY BLVD., SUITE 120~~
~~TAMPA, FL 33602~~

2. Principal Place of Business	3. Mailing Address
412 E. MADISON ST.	412 E. MADISON ST.
Suite, Apt. #, etc.: SUITE 1111	Suite, Apt. #, etc.: SUITE 1111
City & State: TAMPA	City & State: TAMPA
Zip: 33602 Country:	Zip: 33602 Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 03-0423890 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALKOWIAK, DAVID H
~~500 E. KENNEDY BLVD., SUITE 120~~
~~TAMPA, FL 33602~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 412 E. MADISON ST.
SUITE 1111
City: TAMPA FL Zip Code: 33602

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, 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 WALKOWIAK, DAVID H 500 E. KENNEDY BLVD., SUITE 120 TAMPA, FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	412 E. MADISON ST. SUITE 1111 TAMPA, FL 33602	☒ Change ☐ Addition
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CR2E034 (10/02)

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] 4/30/03 813-223-3453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID H. WALKOWIAK