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

04-16-2003 90186 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000040047

1. Entity Name
GULFREALTY.NET INC

Principal Place of Business	Mailing Address
6860 GULFPORT BLVD S 102 ST PETERSBURG, FL 33707	6860 GULFPORT BLVD S 102 ST PETERSBURG, FL 33707

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7011 PLACE DE LA PAIX	7011 PLACE DE LA PAIX
Suite, Apt. #, etc.: 1A	Suite, Apt. #, etc.: 1A
City & State: SOUTH PASADENA, FL	City & State: SOUTH PASADENA, FL
Zip: 33707 Country: USA	Zip: 33707 Country: USA

4. FEI Number: 04-3641796 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCIABBARRASI, MICHAEL S 6860 GULFPORT BLVD S 102 ST PETERSBURG, FL 33707	Name: MICHAEL S. SCIABBARRASI Street Address (P.O. Box Number is Not Acceptable): 7011 PLACE DE LA PAIX 1A City: SOUTH PASADENA FL Zip Code: 33707

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: Michael S. Sciabbarrasi DATE: 4/14/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Pd. Ck. # 1021
4/14/03

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	P	☐ Delete	TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	SCIABBARRASI, MICHAEL S		NAME	MICHAEL S. SCIABBARRASI	
STREET ADDRESS	6860 GULFPORT BLVD S		STREET ADDRESS	7011 PLACE DE LA PAIX 1A	
CITY-ST-ZIP	ST PETERSBURG, FL 33707		CITY-ST-ZIP	SOUTH PASADENA, FL 33707	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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)(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: Michael S. Sciabbarrasi 4/14/03 727 346-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)