FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90361 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000040253

1. Entity Name
PRIORITY ONE REALTY, INC.

Principal Place of Business	Mailing Address
5204 N. 34TH ST., STE. C TAMPA, FL 33610	3837 NORTHDALE BLVD., #314 TAMPA, FL 33624

2. Principal Place of Business		3. Mailing Address
		16057 Tampa Palms Bv
Suite, Apt. #, etc.		Suite, Apt. #, etc. #199
City & State		City & State Tampa FL
Zip	Country	Zip 33647 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 020585443 ☐ 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
JACKSON, KEVIN N 5204 N. 34TH ST., STE. C TAMPA, FL 33610	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

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	Broker Kevin N. Jackson 16057 Tampa Palms Bv #199 Tampa FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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] Kevin N. Jackson 04/27/03 813-237-5591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #