

# 03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY '20 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700020055887  
05/29/03--01006--026 \*\*150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000050642
1. Entity Name REALSITE, INC.

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2. Principal Place of Business 3909 SW 25TH PLACE Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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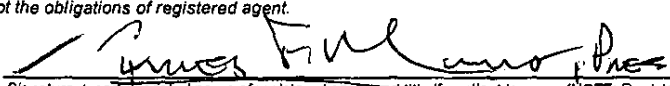
City & State CAPE CORAL, FL	City & State
Zip 33914	Country USA

4. FEI Number 90-0033496	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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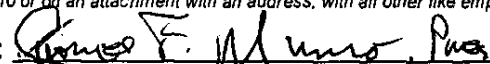
7. Name and Address of Current Registered Agent	
Name CHARLES F MUNRO	
Street Address (P.O. Box Number is Not Acceptable) 3909 SW 25TH PLACE	
City CAPE CORAL	FL Zip Code 33914

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 5/1/03
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST CHARLES F MUNRO 3909 SW 25TH PLACE CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 5/1/03 DAYTIME PHONE # 541-1016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	