

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90159 036 \*\*\*150.00

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DOCUMENT # P02000057239

1. Entity Name

~~DAJ REAL ESTATE INVESTMENTS, INC.~~  
**VELOCITY REAL ESTATE, INC.**



Principal Place of Business

2062 WINDWARD WAY  
JUPITER FL 33477

Mailing Address

2062 WINDWARD WAY  
JUPITER FL 33477

2. Principal Place of Business

**2062 WINDWARD WAY**  
Suite, Apt. #, etc.

3. Mailing Address

**2062 WINDWARD WAY**  
Suite, Apt. #, etc.

City & State

**JUPITER, FL.**

City & State

**JUPITER, FL**

4. FEI Number

**03-0448198**

Applied For

Not Applicable

Zip  
**33477**

Country

**U.S.A**

Zip

**33477**

Country

**U.S.A**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~HIRSCH, DAVID K~~  
~~175 W CAMINO REAL~~  
~~BOCA RATON FL 33432~~

**DOREEN A. JARVIS**  
**2062 WINDWARD WAY**  
**JUPITER, FL 33477**

7. Name and Address of New Registered Agent

Name **DOREEN A. JARVIS**

Street Address (P.O. Box Number is Not Acceptable)

**2062 WINDWARD WAY**

City **JUPITER**

**FL**

Zip Code

**33477**

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

*Doreen A. Jarvis*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/21/03**

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:

*Doreen A. Jarvis* **DOREEN A. JARVIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(561) 745-5534**

CR2E034 (10/02)