2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OF

Feb 16, 2004 8:00 am Secretary of State **DOCUMENT # P02000061771** 1. Entity Name 02-16-2004 90061 027 ***150.00 UNCOMMON REALTY, INC. Principal Place of Business Mailing Address -1342-COLONIAL BLVD. 1342-COLONIAL BLVD. P.O. BOX 1662 P.O. BOX 1662 FORT MYERS, FL 33902 US. FORT MYERS, FL 33902 2. Principal Place of Business 3. Mailing Address 9101 West College Pointe Dr PO BOX Suite, Apt. #, etc 02032004 CR2E034 (10/03) Chg-P Suite City & State Applied For 4. FEI Number City & State Ft myers 68-0508631 Not Applicable \$8.75 Additional <u>u</u>SA 5. Certificate of Status Desired usa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ama KERMER DOUGLAS, EDITH M MRS. Street Address (P.O. Box Number is Not Acceptable) 1342 COLONIAL BLVD. FORT MYERS, FL 33902 W. Courge POINTE 8. The above-gamed 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 the obligations of registered agents **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE KERMER DOUGLAS, EDITH M NAME NAME 1002 CLARELLEN DR 1342 COLONIAL BLVD., P.O. BOX 1662 STREET ADDRESS STREET ADDRESS KINSEY, LESUE ACTION SUR 9101 W COLLEGE POINTE OK. SUR Change Addition FT MYERS, FL 33919 CITY-ST-ZIP FORT MYERS, FL 33902 CITY-ST-ZIP TITLE Defete TITLE V P KINSEY, JAMES E JR NAME NAME STREET ADDRESS 1342 COLONIAL BLVD., P.O. BOX 1662 STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33902 CITY-ST-ZIP TITLE Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP_~ TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY_ST_7IP TITLE ☐ Delete TITI F ☐ 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 filling 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 yeport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address. with all other like performent. SIGNATURE:

ICER OR DIRECTOR

FILED