## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000066518 **DOCUMENT #**

1. Entity Name

DELRAY BEACH REAL ESTATE, INC.



Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91855 001 \*\*\*450.00

Principal Plac										
Principal Place of Business 4005 S OCEAN BLVD HIGHLAND BCH FL 33487  2. Principal Place of Business Suite, Apt. #, etc. City & State			4005	Mailing Address 4005 S OCEAN BLVD HIGHLAND BCH FL 33487  3. Mailing Address Suite, Apt. #, etc.			! !###################################	11111 <b>11</b> 111 11		11 <b>10</b> 1   1211   1211
			3. Mai				CHECK HERE IF MAKING CHANGES			
			Suite							
			City	& State	<del></del>	4.	V ) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			oplied For ot Applicable
Zip		Country	Zip		Country	5	Certificate of Status Desired	11 7	8.75 Add ee Require	
	6. Name	and Address of Curr	ent Registere	d Agent		7.	Name and Address of New Re	gistered Ag	gent	
4005 S O	Stephen L Cean Blvd D BCH FL 3				Street Add	dress (P.O.	Box Number is Not Acceptable)			
					City	<del></del> -		FL	Zip Cod	e
	ons of registe				registered office or re		igent, or both, in the State of Flori	ida. I am fa	miliar with,	and accept
		<del></del>					<del></del>			
Afte	May 1, 200	FEE IS \$150.00 3 Fee will be \$550. Florida Departmen					9. Election Campaign Fina Trust Fund Contribution.	~ ~		May Be to Fees
After Make Check	May 1, 200 Payable to	Florida Departmen		RS	11.	A	, ,		Added	to Fees
Afte	PST GERKEN, S 4005 S OC	3 Fee will be \$550. Florida Departmen OFFICERS A	t of State	RS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	А	Trust Fund Contribution.	CERS AND T	Added	d to Fees
After Make Check 10.  TITLE NAME STREET ADDRESS	PST GERKEN, S 4005 S OC	3 Fee will be \$550. Florida Departmen OFFICERS A STEPHEN L EAN BLVD	t of State		TITLE NAME STREET ADDRESS	A	Trust Fund Contribution.	CERS AND T	Added	d to Fees S IN 11
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PST GERKEN, S 4005 S OC	3 Fee will be \$550. Florida Departmen OFFICERS A STEPHEN L EAN BLVD	t of State	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	A	Trust Fund Contribution.	CERS AND T	Addec	d to Fees S IN 11 Addition Addition
After Make Check 10.  TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PST GERKEN, S 4005 S OC	3 Fee will be \$550. Florida Departmen OFFICERS A STEPHEN L EAN BLVD	t of State	☐ Delete☐ Delete☐ Delete☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	A	Trust Fund Contribution.	CERS AND T	Adder	d to Fees S IN 11 Addition Addition Addition
After Make Check 10.  ITTLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS STREET ADDRESS	PST GERKEN, S 4005 S OC	3 Fee will be \$550. Florida Departmen OFFICERS A STEPHEN L EAN BLVD	t of State	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	A	Trust Fund Contribution.	CERS AND T	Adder  DIRECTOR:  Change  Change	S IN 11 Addition

of the corporation or the receiver or trustee empowered to execute this report as equired 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:

2-3-03

5613946000

Daytime Phone #