

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000068812

1. Entity Name
UNITED REALTY GROUP OF ST. LUCIE COUNTY INC.



Principal Place of Business
8406 S US HIGHWAY 1
PORT ST. LUCIE, FL 34952

Mailing Address
8406 S US HIGHWAY 1
PORT ST. LUCIE, FL 34952



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3068274

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VITALE, PERRY
8406 S US HIGHWAY 1
PORT ST. LUCIE, FL 34952

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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	PV CHAMBLESS, DAVID 6750 TAFT STREET HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST VITALE, PERRY 8406 S. US HIGHWAY 1 PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAISHER, EDWARD W 8406 S US HIGHWAY 1 PORT ST. LUCIE, FL 34952
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000135886
04/28/04-80074-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

772-343-9000

Daytime Phone #