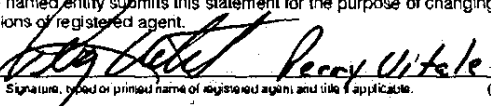
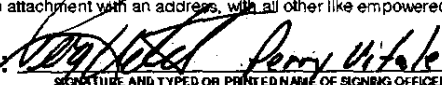


Amended.

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

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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				7. Name and Address of New Registered Agent	
SHERR, CYNTHIA L 6750 TAFT STREET HOLLYWOOD, FL 33024				Name Perry Vitale	
				Street Address (P.O. Box Number is Not Acceptable)	
				8406 S. US Highway 1	
				City Port St. Lucie FL 34952	
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.				DATE 11/18/03	
(NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHAMBLESS, DAVID		NAME		
STREET ADDRESS	6750 TAFT STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VITALE, PERRY		NAME		
STREET ADDRESS	8406 S. US HIGHWAY 1		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Edward W. Kaisher		NAME		
STREET ADDRESS	8406 S. US Highway 1		STREET ADDRESS		
CITY-ST-ZIP	Port St. Lucie, FL 34952		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ 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		
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 filing does not qualify for the exemption stated in Section 119.07(3)(1), 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				DATE 11/18/03 772-343-9000 Daytime Phone #	

FILED
03 NOV 21 AM 10:33
03 NOV 2
SECRETARY OF STATE
TALLAHASSEE, FL 32399
FEE \$150.00
11/18/03



CR2E034 (10/02)