2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2003 8:00 am Secretary of State

| DOCUMENT # P02000072112 1. Entity Name PALM COAST FLAGLER BEACH REALTY, INC. | | | | 05-13-2003 | 90049 001 ***150.00 |
|---|--|------------------------------|--|---|---|
| Principal Place of Business 500 N. OCEANSHORE BLVD. 6 P.O BOX 1738 FLAGLER BEACH, FL 32136 | | 136 | | ()(08))) (BEIN 118N) (18N) (1816 (1817) 18N) | |
| 500 A Suite, Apt. 57E. | #, etc. | Suite, Apt. #, etc. | 738 | ☐ CHECK HERE IF | MAKING CHANGES |
| City & State FLAG C Zip | COUNTY COUNTY | City & State FLAGLER By Zip | Country | 4. FEI Number 82-0558080 5. Certificate of Status Desired | Applied For Not Applicable \$8.75 Additional |
| 3213 | 6. Name and Address of Current R | 32/36 | 4SA | 7. Name and Address of New Reg | Fee Required |
| | | egisteren Affaut | Name | 7. Name and Address of New Neg | Istored Albert |
| BERG, ELAINE C 250 WELLINGTON DRIVE PALM COAST, FL 32164 | | | Street Address | (P.O. Box Number is Not Acceptable)* | |
| | | | aly | | FL Zip Code |
| B. 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. Signatu | | | | | |
| Make Check | Payable to Florida Department of | State | | Trust Fund Contribution. | Added to Fees |
| 10. TITLE NAME STREET ADDRESS CITY-ST-2P | OFFICERS AND 0 P ELAINE, BERG C 250 WELLINGTON DRIVE PALM COAST., FL 32164 | IRECTORS Delete | 11. 10 LE NAME STREET ADDRESS COTY-ST-21P | ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECTORS IN 11 Change Addition Change Addition |
| } | T BERG, ELAINE C 250 WELLINGTON DRIVE PALM COAST, FL 32164 | ☐ Delete | TIFLE NAME STREET ADDRESS CITY-ST-ZIP | | Charge Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Change □ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | ~□ Delete | NAME STREET ADDRESS CRY-ST-ZIP | • | |
| TITLE NAME STREET ADDRESS CITY-ST-ZP | | □ De kete | TITLE NAME STREET ADDRESS CITY-ST-21P | | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | , | ☐ Defete | TITLE NAME STREET AUUNESS CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 12. Thereby 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: Line C. Dies SIGNED OF PRINTED NAME OF SIGNED OF DIRECTOR 5/7/03 386-439-2399 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OF DIRECTOR 5/7/03 386-439-2399 Casylinia Prioris # | | | | | |



Attachment

90133600

Palm Coast - Flagler Beach, Realty, Inc.

I did not receive a form to renew my lorporation. I had to call the Dept of State. I was told how to documber to set form required for filing.

Enclosed is the signed form and my check for \$150.00.

Sincerely, Claime Holman-Berg