

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90178 045 ***150.00

DOCUMENT # P02000078931

1. Entity Name
DO-RITE REALTY, INC.



Principal Place of Business
C/O SETH E. ELLIS, P.A.
2600 N MILITARY TRAIL STE 290
BOCA RATON FL 33431

Mailing Address
C/O SETH E. ELLIS, P.A.
2600 N MILITARY TRAIL STE 290
BOCA RATON FL 33431

66000000



2. Principal Place of Business

C/O Thomas J. Tedesco, Jr.
Suite, Apt. #, etc.

321 W. DANE BLVD.

City & State
Fort Lauderdale FL

Zip Country
33315 USA

3. Mailing Address

C/O Thomas J. Tedesco, Jr.
Suite, Apt. #, etc.

321 W. DANE BLVD.

City & State
Fort Lauderdale FL

Zip Country
33315 USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TEDESCO, THOMAS J JR ESQ
C/O SETH E. ELLIS, P.A.
2600 N MILITARY TRAIL STE 290
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **Thomas J. Tedesco, Jr., Esq.**

Street Address (P.O. Box Number is Not Acceptable)
321 West Dane Blvd.

City **Fort Lauderdale** FL Zip Code **33315**

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 **Thomas J. Tedesco, Jr., Esq.**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/7/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **D** ☐ Delete
NAME **LITE, GARY**
STREET ADDRESS **67-66 108TH STREET APT A-61**
CITY-ST-ZIP **FOREST HILLS NY 11375**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2003

Date

Daytime Phone #

CR2E034 (10/02)