

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

00120014

**DOCUMENT # P02000088479**

1. Entity Name  
**ST. MARY'S REALTY CORPORATION**

Principal Place of Business  
 11 SOUTH BOULEVARD  
 MACLENNY, FL 32063 US

Mailing Address  
 POST OFFICE BOX 368  
 MACLENNY, FL 32063 US

2. Principal Place of Business  
 11 SOUTH BLVD  
 Date, Apt. #, etc.

Mailing Address  
 P.O. Box 368  
 Date, Apt. #, etc.

City & State  
 MACLENNY, FL

City & State  
 MACLENNY, FL

Zip  
 32063

Country  
 USA

Zip  
 32063

Country  
 USA

3. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

4. Name and Address of Current Registered Agent  
 WILLIAMS, JOSEPH M  
 148 WEST McNEER AVENUE  
 MACLENNY, FL 32063

5. Name and Address of New Registered Agent  
 Name: **JOSEPH M. WILLIAMS**  
 Street Address (P.O. Box Number is Not Acceptable):  
**148 W. McNEER AVE.**  
 City: **MACLENNY** FL Zip: **32063**

6. The above named party assumes the 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, the named agent.

SIGNATURE: *Joseph M. Williams* 5/1/03

7. a. Election Corporate Franchise Trust Fund Contribution:  **\$8.00 May Be Added in Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 1)	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information included on this report of governmental reports 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 franchisor or trustee of the trust to which this report is prepared by Chapter 609, Florida Statutes; and that my name appears in block 10 or block 11 of this report, or on an attachment with an address, with all other filers (if applicable).

SIGNATURE: *Joseph M. Williams* **JOSEPH M. WILLIAMS 904/476-3811**  
 5/1/03

CREATED (1/02)