APR-29-03 TUE 04:53 PM ACCESS

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May 01, 2003 8:00 am
Secretary of State
05-01-2003 90749 001 ***750.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000089638

1. Entity Name
U.S. Commercial Realty, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1339 Beville Rd.
Suite, Apt. #, etc.
City & State
Daytona Beach, FL
Zip 32119 Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-228 7389
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name M. A. O'Brien
Street Address (P.O. Box Number is Not Acceptable)
2770 White Wing
City West Palm Beach FL Zip Code 33409

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT - Treasurer - Director EDMOND R. RANCOURT 1339 Beville Rd. Daytona Beach, Fl 32119
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President - Secretary - Director KENNETH R. CITY 6660 Beach Resorts Drive #6 Naples, Fl 34114
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director M.A. O'BRIEN 2770 White Wing Lane W. Palm Beach, Fl 33409
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: M.A. O'Brien M.A. O'Brien 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #