

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90071 026 ***150.00



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1. Entity Name
THE REAL DEAL PLACE, INC.

Principal Place of Business
441 W. VINE STREET
KISSIMMEE FL 34741

Mailing Address
441 W. VINE STREET
KISSIMMEE FL 34741



☒ **CHECK HERE IF MAKING CHANGES**

2. Principal Place of Business
2801 E IRLO BROWNSW
Suite, Apt. #, etc.

3. Mailing Address
1820 Lee Janzen Drive
Suite, Apt. #, etc.

City & State
Kissimmee

City & State
Kissimmee FL

4. FEI Number
113651633

Applied For
Not Applicable

Zip
34744

Country
Osceola

Zip
34744

Country
USA

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

HAYES, ROBERT S
1820 LEE JANZEN DRIVE
KISSIMMEE FL 34744

Name **Robert Hayes**
Street Address (P.O. Box Number is Not Acceptable)
441 W VINE STREET
City **Kissimmee** **FL** **Zip Code** **34744**

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.

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	HEWITT, DARRELL	
STREET ADDRESS	1820 LEE JANZEN DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 OF OFFICER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-2003 **4073443001**
Date Daytime Phone #

CR2E034 (10/02)