

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90151 002 \*\*\*150.00

**DOCUMENT # P02000110083**

1. Entity Name  
**THE LOCAL REAL ESTATE CO., INC.**



Principal Place of Business  
**8015 EASTGATE DR UNIT 2G  
BOCA RATON FL 33433**

Mailing Address  
**8015 EASTGATE DR UNIT 2G  
BOCA RATON FL 33433**



2. Principal Place of Business  
**2727 S. Ocean Blvd  
Suite, Apt. #, etc.  
1208**

3. Mailing Address  
**2727 S. Ocean Blvd.  
Suite, Apt. #, etc.  
1208**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Highland Beach, FL**  
Zip  
**33487** Country  
**Palm Beach**

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**Highland Beach, FL**  
Zip  
**33487** Country  
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4. FEI Number  
**82-0570338**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**STEERMAN, WILLIAM T  
8015 EASTGATE DR UNIT 2G  
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name **Phillip McFillin**  
Street Address (P.O. Box Number is Not Acceptable)  
**2727 S. Ocean Blvd. Apt. 1208**  
City **Highland Beach** FL Zip Code **33487**

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 **1/7/03**

**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 **President, Secy. Treas.** ☐ Delete  
NAME **Phillip McFillin**  
STREET ADDRESS **2727 S. Ocean Blvd**  
CITY-ST-ZIP **Highland Beach, FL 33487**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/7/03** DAYTIME PHONE # **561-276-3489**

CR2E034 (10/02)