2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

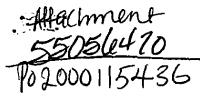
SIGNATURE:)

FILED P02000115436 **DOCUMENT #** 1. Entity Name 03 SEP 22 AM 9: 34 CERTIFIED REAL ESTATE SERVICES, INC. SECRETARY OF STATE TALLAHASSLE, FLORIDA Mailing Address Principal Place of Business PO BOX 26884 6440 HARLOW BLVD. JACKSONVILLE FL 32226 JACKSONVILLE FL 32210 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 57-1155971 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent... 6.: Name and Address of Current Registered Agent MULICH, SONDRA K Street Address (P.O. Box Number is Not Acceptable) 6440 HARLOW BLVD. JACKSONVILLE FL 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE _ DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. (4) ☐ Change · ☐ Addition TITLE ☐ Deleta TITLE NAME NAME Sondra K. Mulich STREET ADDRESS STREET ACCORESS 6440 Hanlow Blod. CITY-ST-ZIP CITY-ST-ZIP Jacksonville, Fl. 32210 Change ☐ Delete TITLE TITLE NAME NAME 000023388120 STREET ADDRESS STREET ADDRESS 09/29/03---01023---019 **150.00 CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - Z#P Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Deleta TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Date

Davime Phone #

2092



CERTIFIED REAL ESTATE SERVICES, INC. 6440 HARLOW BLVD.

JACKSONVILLE, FLORIDA 32210

September 10, 2003

Florida Department of State
Division of Corporations
Annual Report
P.O. Box 6327
Tallahassee, Florida 32314-6327

REGARDING: Uniform Business Report - Application for Reinstatement

It has come to my attention upon receipt of this report that there have been prior mailings, had I received the prior notices it would have been paid and filed timely, as I do all my obligations. I do not understand why I never received the other notices, the address is correct. Is there any way in resolving this issue and waive the additional fee of \$400.00. When I was never notified before now?

Please contact me at the above number or address.

President

Sondra K Mulich