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

## DOCUMENT #

Principal Place of Business

5260 W. IRLO BRONSON HWY., SUITE 111

EXCLUSIVE FLORIDA HOME SALES, INC.

Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90184 013 \*\*\*150.00

**FILED** 

P02000117461

Mailing Address

5260 W. IRLO BRONSON HWY., SUITE 111

KISSIMMEE FL 34746 KISSIMMEE FL 34746 2. Principal Place of Business 3. Mailing Address 422 CROTON Suite, Apt. #, etc. Suite, Apt. #. etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number FL CELEBRATION 05-053 7601 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired SA 4747 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 City Zip Code 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change Addition SUNDERLAND, DEREK NAME NAME 5260 W. IRLO BRONSON HWY., SUITE 111 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34746 CITY-ST-ZIP CITY-ST-ZIP 50 TITLE SD ☐ Delete TITLE ☐ Change Addition SUNDERLAND, YVONEE NAME NAME SUNDERLAND 5260 W. IRLO BRONSON HWY., SUITE 111 STREET ADDRESS STREET ADDRESS 5260 W IRLD BROMSON HWY KISSIMMEE FL 34746 CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE 34741 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIF CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS 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

SIGNATURE:

changed, or on an attachment with an address,

QUIRED DEREK SUNDERLAND

all other like empowered.

401-908 1440