

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90076 022 ***150.00

90017373



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000117907

1. Entity Name
REALTY CONSULTANTS OF TALLAHASSEE, INC.



Principal Place of Business
**468 RICHVIEW PARK CIR. W.
TALLAHASSEE FL 32301**

Mailing Address
**468 RICHVIEW PARK CIR. W.
TALLAHASSEE FL 32301**

2. Principal Place of Business
221 Delta Court

3. Mailing Address

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State

4. FEI Number
32-0041646

Applied For
Not Applicable

Zip
32303

Country
USA

Zip

Country

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

**WEBER, JASON R
468 RICHVIEW PARK CIR. W.
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

DEPARTMENT OF STATE

City

FL

Zip Code

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WEBER, JASON R**
STREET ADDRESS **468 RICHVIEW PARK CIR. W.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Change ☐ Addition
NAME
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

Date

(850) 294-2649

Daytime Phone #

CR2E034 (10/02)