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

P02000124047 **DOCUMENT #** 

1. Entity Name

Principal Place of Business 1901 SOUTH HARBOUR CITY BLVD..

2. Principal Place of Business

MELBOURNE FL 32901

DERRICK REAL ESTATE GROUP, INC



## **FILED** Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90041 034 \*\*\*150.00

GROUP, I	NC.	
STE. 618	Mailing Address 1901 SOUTH HARBOUR CITY BLVD., STE. 618 MELBOURNE FL 32901	
	3. Mailing Address	T TORNORY HIT DEFINE HAVE BEIN AGIN BRIDE HAVE HAVE ASEN AS

Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State City & State				<del></del>	4. FEI Number	00747	<u> </u>	plied For
2.17 2.2.2.2					45-04			Applicable
Zip	Country	Zip	Country	/ =	5. Certificate of Statu	s Desired 🗀	\$8.75 Add Fee Required	itional J
	6. Name and Address of C	Current Registered Agent				s of New Registered /	Agent	
	الارائي - الدامسة والسول ووال			Name		متعمرتها كمه يتقبر فياء التنابية اليم		7 CHE 1
DERRICK, D. MICHAEL				Street Address (P.O. Box Number is Not Acceptable)				
1901 SOU	ITH HARBOUR CITY BLVD.,	, STE. 618	-				<u></u>	
	NE FL 32901 ·							
, , , , , , , , , , , , , , , , , , ,				City		FL	Zip Code	9
		ement for the purpose of changing it	e registere	A office or regis	tered agent or both in the	State of Florida, I am	familiar with,	and accept
8. The above	named entity submits this state	ement for the purpose of changing it	is registered	a office of regis	tered agent, or both, in the	1 1		
the obligati	ions of registered agent					المعداد	13	
SIGNATURE :	ANJ J	· · · · · · · · · · · · · · · · · · ·				TAPE !	<u> </u>	
ORGINAL OFFE	Signature, typed or printed name of register	ared agent and title if applicable. (NO	TE: Registered	Agent signature requ	ired when reinstating)	- 546		
, CI	ILE NOW!!! FEE IS \$150	.00			a Flortion C	ampaign Financing _	\$5 <b>0</b>	<b>0</b> May Be
After	May 1, 2003 Fee will be \$	550.00						to Fees
Make Check	Payable to Florida Depart	ment of State						
		RS AND DIRECTORS	11.		ADDITIONS/CHANG	SES TO OFFICERS AND	DIRECTOR	S IN 11
10.	D	Delete	TITLE				☐ Change	Addition
TITLE	DERRICK, D. MICHAEL	L Delete	NAME					
NAME CTREET ADDRESS	1901 SOUTH HARBOUR	CITY BLVD. STE 618		T ADDRESS				
STREET ADDRESS	MELBOURNE FL 32901	OII DETD., OIL. 010		ST-ZIP				
CITY-ST-ZIP			TITLE				☐ Change	Addition
TITLE	D DEPONICK ANATALIE A	· Delete	NAME				_ •	
NAME	DERRICK, NATALIE A	CITY BLVD. CTE 610		T ADDRESS				
STREET ADDRESS	1901 SOUTH HARBOUR	CITY BLVD., SIE. 616		ST-ZIP				
CITY-ST-ZIP	MELBOURNE FL 32901						☐ Change	Addition
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NAME		The second secon	NAME	T ADDRESS				
STREET ADDRESS				ST-ZIP				
CITY-ST-ZIP		<u>.                                      </u>		<del></del>		<del></del>	☐ Change	Addition
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NAME			NAME					
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TITLE	<del>                                     </del>	☐ Delete	TITLE				Change	☐ Additio
NAME			NAMI					
STREET ADDRESS			STRE	ET ADDRESS				
C 1								

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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D