

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/24

FILED
May 19, 2003 8:00 am
Secretary of State

04-24-2003 90193 038 ***150.00

DOCUMENT # P02000129171

1. Entity Name

REAL ESTATE TEAM REFERRALS, INC.



Principal Place of Business

2895 S.E. OCEAN BLVD.
STUART FL 34996

Mailing Address

2895 S.E. OCEAN BLVD.
STUART FL 34996

2. Principal Place of Business

2895 SE OCEAN BLVD
Suite, Apt. #, etc.

3. Mailing Address

2895 SE OCEAN BLVD
Suite, Apt. #, etc.

City & State

STUART FL

City & State

STUART FL

4. FEI Number

65-0666308

Applied For

Not Applicable

Zip

34996

Country

USA

Zip

34996

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

STRACUZZI, PATRICK
2895 S.E. OCEAN BLVD.
STUART FL 34996

7. Name and Address of New Registered Agent

Name PATRICK A. STRACUZZI
Street Address (P.O. Box Number is Not Acceptable)

2895 SE OCEAN BLVD

City STUART FL 34996

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 Patrick Stracuzzi
Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME PSD
STREET ADDRESS STRACUZZI, PATRICK
CITY-ST-ZIP 2895 S.E. OCEAN BLVD.
STUART FL 34996

TITLE ☐ Delete
NAME T
STREET ADDRESS STRACUZZI, SUSAN J
CITY-ST-ZIP 2895 S.E. OCEAN BLVD.
STUART FL 34996

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick Stracuzzi REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03

Date

772-283-9991

Daytime Phone #

CR2034 (10/02)