

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-07-2002 90060 018 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09042

1. Entity Name

THE CORPORATE REALTY GROUP INCORPORATED

Principal Place of Business

166 MARINE ST
ST AUGUSTINE FL 32084
US

Mailing Address

166 MARINE ST
ST AUGUSTINE FL 32084
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2874357

Applied For
Not Applicable

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

HEATHER A. BENNETT SURFACE
5011 ORTEGA FARMS BLVD
JACKSONVILLE FL 32210

Name HALL, JR CHARLES E
Street Address (P.O. Box Number is Not Acceptable)
177 ALMERIA STREET
City ST AUGUSTINE FL Zip Code 32084

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOYCE, NORMA D.SA	
STREET ADDRESS	166 MARINE ST	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	PONDER, CHRISTY B	
STREET ADDRESS	205 RIVER NORTH COURT	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BENNETT, SURFACE, HEATHER	
STREET ADDRESS	5011 ORTEGA FARMS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND FULLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMA D. JOYCE
PRESIDENT

Date

Daytime Phone #

CR2E034 (9/01)