

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90166 021 ***150.00

C0060380

DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000003066			
1. Entity Name SENTRY REALTY, INCORPORATED			
Principal Place of Business 2247 PALM BEACH LAKES BLVD. SUITE 204 WEST PALM BEACH FL 33409		Mailing Address C/O WALTER J. MACKEY, JR 1601 FORUM PLACE, STE 805 WEST PALM BEACH FL 33409-3409 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2247 PALM BEACH LAKES BLVD Suite, Apt. #, etc. SUITE 204	
City & State		City & State WEST PALM BEACH FL 33409	
Zip	Country	Zip	Country US
6. Name and Address of Current Registered Agent MACKEY, WALTER J JR 772 LAGOON DRIVE NORTH PALM BEACH FL 33408		4. FEI Number 65-0477954 Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent Name MACKEY, WALTER J JR Street Address (P.O. Box Number is Not Acceptable) 2247 PALM BEACH LAKES BLVD. SUITE 204 City NORTH PALM BEACH FL Zip Code 33408		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <small>Signature typed or printed name of registered agent and title if applicable.</small>		WALTER J. MACKEY, JR., PRESIDENT 4/24/01 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME MACKEY, WALTER J JR. STREET ADDRESS 772 LAGOON DRIVE CITY-ST-ZIP NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DC NAME KRUMM, WALTER STREET ADDRESS 4951 GULFSHORE BLVD NORTH, PNTHSE 30 CITY-ST-ZIP NAPLES FL 334940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME WILLIAMS, EDWARD S STREET ADDRESS 6080 TERRA ROSA CIRCLE CITY-ST-ZIP BOYNTON BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		WALTER J MACKEY, JR., PRESIDENT 4/24/01 561/684-8811 <small>Date Daytime Phone #</small>	

CR2E034 (11/00)