

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90103 018 ***150.00

DOCUMENT # P93000006194

1. Entity Name
SOUTHTREND REALTY, INC.



Principal Place of Business
**739-E NORTH DRIVE
MELBOURNE FL 32934
US**

Mailing Address
**739-E NORTH DRIVE
MELBOURNE FL 32934
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3164956**

Applied For

Not Applicable

Zip

Country

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

**RATHBUN, CRAIG R
739-E NORTH DRIVE
MELBOURNE FL 32934**

Name **ADAM C. RATHBUN**

Street Address (P.O. Box Number is Not Acceptable)
2265 KEYSTONE AVE

City **MELBOURNE FL** Zip Code **32904**

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.

ADAM RATHBUN, PRESIDENT

3/5/03

(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	V	<input type="checkbox"/> Delete
NAME	RATHBUN, CRAIG R	
STREET ADDRESS	344 APPLE DR.	
CITY-ST-ZIP	STEAMBOAT SPRINGS CO 80477	
TITLE	P	<input type="checkbox"/> Delete
NAME	RATHBUN, ADAM C	
STREET ADDRESS	2265 KEYSTONE AVE.	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARTS, KAREN A	
STREET ADDRESS	210 MAGNOLIA ST.	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **ADAM RATHBUN**

3/5/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)