

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90076 010 ***150.00

DOCUMENT # P93000016216

1. Entity Name

REALTY SERVICES, INC. OF THE SOUTH

Principal Place of Business

**801 JENKS AVENUE
 SUITE D
 PANAMA CITY FL 32401**

Mailing Address

**801 JENKS AVENUE
 SUITE D
 PANAMA CITY FL 32401**

2. Principal Place of Business

415 N. COVE BLVD.

Suite, Apt. #, etc.

3. Mailing Address

415 N. COVE BLVD.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PANAMA CITY, FL

City & State
PANAMA CITY, FL

4. FEI Number
59-3167274

Applied For
 Not Applicable

Zip
32401

Country
BAH

Zip
32401

Country
BAH

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

**LAWRENCE JAMES H
 801 JENKS AVE
 STE D
 PANAMA CITY FL 32401**

Name

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

415 N. COVE BLVD.

City
PANAMA CITY

FL

Zip Code
32401

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PS
 REID, LEAH J
 801 JENKS AVENUE SUITE D
 PANAMA CITY FL 32401** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**415 N. COVE BLVD
 PANAMA CITY, FL 32401** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VTD
 LA BARRE WILLARD
 790 SKYLAND AVE.
 PANAMA CITY FL** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Leah J. Reid** **LEAH J. REID**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-02 850/763-8565
 Date Daytime Phone #

CR2E034 (9/01)