

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0006737 AV

DOCUMENT # P93000016216

1. Entity Name

REALTY SERVICES, INC. OF THE SOUTH



FILED

03 SEP 30 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
415 N COVE BLVD
PANAMA CITY FL 32401

Mailing Address
415 N COVE BLVD
PANAMA CITY FL 32401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3167274

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

LAWRENCE JAMES H
415 N COVE BLVD
PANAMA CITY FL 32401

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	PS	<input type="checkbox"/> Delete
NAME	REID, LEAH J	
STREET ADDRESS	415 N COVE BLVD	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	LA BARRE WILLARD	
STREET ADDRESS	790 SKYLAND AVE.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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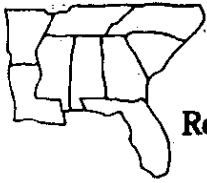
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Leah J Reid*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-03 850/763-8565
Date Daytime Phone #

CR2E034 (4/03)



RSI
Realty Services, Inc.
of the South

415 N. Cove Boulevard
Panama City, Florida 32401

September 25, 2003

Sent Via Registered Mail

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Filing Fee Notice

Dear Gentlemen,

The annual report for corporations was not received until this month. We had not received any prior notice. We request as a result of that, the late fee of \$ 400.00 be waived. Attached is our check written for the original \$ 150.00 required.

Thank you for your understanding in this matter.

Sincerely,

Mrs. Leah J. Reid
President