

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90080 044 ***150.00

DOCUMENT # P93000026872

1. Entity Name

TILSON REAL ESTATE SERVICES, INC.

Principal Place of Business

1925 FLORANADA ROAD
SUITE 125
FORT LAUDERDALE FL 33308

Mailing Address

1925 FLORANADA ROAD
SUITE 125
FORT LAUDERDALE FL 33308-5130

2. Principal Place of Business

2400 E. LAS OLAS BLVD.,
Suite, Apt. #, etc.
261

3. Mailing Address

2400 E. LAS OLAS BLVD.,
Suite, Apt. #, etc.
261

City & State

FT-LAUDERDALE, FL.
Zip 33301 Country USA

City & State

FT-LAUDERDALE, FL.
Zip 33301 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0402247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TILSON, NICOLE M.J.
1925 FLORANADA ROAD
SUITE 125
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name Nicole M.J. TILSON, O.S.L.
Street Address (P.O. Box Number is Not Acceptable)
224 S.E. 17th AVE
City FT-LAUDERDALE FL Zip Code 33301

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 Nicole M.J. TILSON, O.S.L.

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	TILSON, NICOLE	
STREET ADDRESS	224 SE 17 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nicole M.J. TILSON, O.S.L.	
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:

Nicole M.J. TILSON, O.S.L.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)