2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2002 8:00 am Secretary of State

1. Entity Nar	MENT # P9 EY REALTY, INC.	3000029212			02-06-20	002 90055 (,
Principal Place of Business 5111 OCEAN BLVD. SUITE E SARASOTA FL 34242 US		Mailing Address 5111 OCEAN BLVD. SUITE E SARASOTA FL 34242 US	5111 OCEAN BLVD. SUITE E SARASOTA FL 34242						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		T LOONING THE VENTO THAT BETT DOTIN	OSINI OSNIF INGIO S	ilan rader ii		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		. FEI Number 65-0403749		Applied For Not Applicable		
Zip Country		Zip	Country		. Certificate of Status Desired		75 Add	litional	1
		Current Registered Agent	<u> </u>	7.	Name and Address of New Re			<u> </u>	1
			Nam			<u> </u>			1
STEVENS, ELLIOT 5111, OCSAN BLVD/STE E			Stree	freet Address (P.O. Box Number is Not Acceptable)					
	A FL 34242								1
ان شمر:			City			FL	Zip Code	3	1
	named entity submits this sta	tement for the purpose of changing its	registered offic	e or registered a	agent, or both, in the State of Flo				1
SIGNATURE	Signature, typed or printed name of regi-	stered agent and title if applicable. (NOTI	E: Registered Agent s	gnature required when	reinstating)	DATE			
Tax filing requirement and elects to do so. After May 1, 2002			02 Fee will be	Tee IS \$150.00 Tee will be \$550.00 10. Election Campaign Financing Trust Fund Contribution.		\$5.0 ^d	O May Be to Fees		
		Make Check Payat			<u> </u>				↓
TITLE	PTS	ERS AND DIRECTORS Delete	12	PTS	ADDITIONS/CHANGES TO OFFI		Change	Addition	ΙĒ
NAME STREET ADDRESS CITY-ST-ZIP	DEFREEST, PHILLIP L RESS 5111 OCEAN BLVD. SUITE E			ST. J 511 O	T. JOHN BROWN, TONY 11 OCEAN BLVD. SUITE E				
TITLE NAME	SAMASOTA PL SAZAZ	☐ Delete	TITLE NAME		OTA, FL. 34242		Change	Addition	CR2E034 (9/01)
STREET ADDRESS CITY-ST-ZIP	·		STREET ADDRE	SS					}
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-2IP	SS	and mount		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADORE CITY-ST-ZIP	SS			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss			Change	Addition	
TITLE ' NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss			Change	☐ Addition	
13. I hereby of indicated of the corchanged,	certify that the information supplemental on this report or supplemental poratorror the receiver or trus or on an attachment with an a	plied with this filing does not qualify for I report is true and accurate and that in tee empowered to execute this report address, with all other like empowered	the exemption ty signature sha as required by (stated in Section III have the same Chapter 607, Flo	n 119.07(3)(i), Florida Statutes. I i e legal effect es if made under or rida Statutes; and that my name	lurther certify thath; that I am ar appears in Blo	nat the info officer of ck 11 or	ormation or director Block 12 if	