

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91181 036 ***150.00

DOCUMENT # P93000035416



1. Entity Name
DEXTER REALTY, INC.

Principal Place of Business
303 BALLENSLES DRIVE
PALM BEACH GARDENS FL 33418

Mailing Address
303 BALLENSLES DRIVE
PALM BEACH GARDENS FL 33418

60001113



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0417781**

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

GARY, JOHN W. III
701 U.S. HIGHWAY ONE
SUITE 402
NORTH PALM BEACH FL 33408

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

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	☐ Delete
NAME	DAVIDSON, ROY D	
STREET ADDRESS	303 BALLENSLES DR	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	S	☐ Delete
NAME	GARY, JOHN W. I	
STREET ADDRESS	701 US HIGHWAY 1, SUITE 402	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	VPD	☐ Delete
NAME	FREIN, ROBERT J	
STREET ADDRESS	100 BALLENSLES DR	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	CD	☐ Delete
NAME	BILLS, JOHN C	
STREET ADDRESS	3910 RCA BLVD., #1001	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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: ROY D. DAVIDSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03
Date

561-625-5768
Daytime Phone #

CR2E034 (10/02)