

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068985

1. Entity Name

REAL ESTATE INFORMATION SERVICES, INC.

FILED

00 OCT -2 PM 12: 07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

902 CLINT MOORE ROAD
SUITE 124
BOCA RATON FL 33487
US

Mailing Address

P.O. BOX 811929
BOCA RATON FL 33481-1929

2. Principal Place of Business

1181 So Rogers Circle
Suite, Apt. #, etc. #33

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Zip

Country

Country

REINSTATEMENT

4. FEI Number 65-0445088

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEITLER, TODD
902 CLINT MOORE ROAD
SUITE 124
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name TODD BEITLER
Street Address (P.O. Box Number is Not Acceptable) 1181 So Rogers Circle #33
City Boca Raton FL 33487

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME BEITLER, TODD
STREET ADDRESS 902 CLINT MOORE ROAD, SUITE 124
CITY-ST-ZIP BOCA RATON FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME TODD BEITLER
STREET ADDRESS 1181 SO. ROGERS CIRCLE #33
CITY-ST-ZIP BOCA RATON, FL. 33487

TITLE
NAME
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)