

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

0577067 AV

05-12-2003 90203 013 ***150.00

DOCUMENT # P93000070645

1. Entity Name
9406 MALLARD ST. REALTY INC.



Principal Place of Business
**9406 MALLARD ST
SPRING HILL FL 34606**

Mailing Address
**9406 MALLARD ST
SPRING HILL FL 34606**



2. Principal Place of Business

**16161 FLIGHT PATH DR
Suite, Apt. #, etc.**

3. Mailing Address

**16161 FLIGHT PATH DR
Suite, Apt. #, etc.
BROOKSVILLE FL**

☐ CHECK HERE IF MAKING CHANGES

City & State

BROOKSVILLE FL

City & State

BROOKSVILLE FL

4. FEI Number

59-3208640

Applied For

☐ Not Applicable

Zip

34604

Country

USA

Zip

34604

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REILLY, JAMES
9406 MALLARD ST
SPRING HILL FL 34606**

7. Name and Address of New Registered Agent

Name

JAMES REILLY

Street Address (P.O. Box Number is Not Acceptable)

10873 WHISPER RIDGE TRAIL

City

WEEKI WACHEE

FL

Zip Code

34613

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
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **REILLY, JAMES**
STREET ADDRESS **9406 MALLARD ST**
CITY-ST-ZIP **SPRING HILL FL 34606**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES Reilly 5-1-03 352-796-5111
Date Daytime Phone #

CR2E034 (10/02)