FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90143 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P93000084461

1. Entity Name KOGER REAL ESTATE SERVICES, INC.

Principal Plac	e of Business	Mailing Address						
433 PLAZA REAL		8880 FREEDOM CROSSING TRAIL						
SUITE 335		SUITE 101			•			
BOCA RATOR	N FL 33432	JACKSONVILLE FL 32256) (188)(188) (18 (18)08 (19)) (18)((18)	ISTA GOSTA GOSOL SOTAL OSOSA GSO	18 8 1 18 18 18 8 8 8 8 8 8 8 8 8 8 8 8	
		<u></u>						
	Place of Business	3. Mailing Address	• •]			8 81101 LIBI 1081	
225	NE Mizner Blvd.		MIZNET B	lvd.				
Suite, Apt.	·	Suite, Apt. #, etc.			☐ CHECK HERE	IF MAKING CHANGES	3	
Suite		Suite 200	<u> </u>					
City & Stat		City & State Boca Raton	斥	4.	. FEI Number 59-3213613	: 	opplied For	
		Zip					lot Applicable	
Zip 3343	Country	33432	Country	5.	. Certificate of Status Desired	\$8.75 Ac		
337-	6. Name and Address of Current I				. Name and Address of New R	<u></u>		
	o. Name and Address of Content	registered Agent	Name	<u>-</u>	. Halle and Address of New H	egistered Agent		
CT CODE	ODATION SYSTEM							
CT CORPORATION SYSTEM			Street A	Street Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND RD.							·	
PLANTAT	ION FL 33324							
			City			Zip Co	de	
						<u> FL</u>		
	named entity submits this statement for	the purpose of changing its	registered office of	r registered a	agent, or both, in the State of Flo	rida. I am familiar with	, and accept	
the obligat	ions of registered agent.							
SIGNATURE .								
0.0.0.1	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	: Registered Agent signat	ure required wher	n reinstating)	DATE		
F	ILE NOW!!! FEE IS \$150.00							
After May 1, 2003 Fee will be \$550.00					9. Election Campaign Fin	· · · · · · · · · · · · · · · · · · ·	00 May Be	
	Payable to Florida Department of	State			Trust Fund Contribution	n. 🗀 Adde	ed to Fees	
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11	
TITLE	DC	☐ Delete	TITLE			☐ Change	Addition	
NAME	HUGHES, JR. V		NAME	ĺ				
STREET ADDRESS	8880 FREEDOM CROSSING TRA	L, STE 101	STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32256-9920	, -	CITY-ST-ZIP					
TITLE	TCAO	Delete	TITLE			☐ Change	Addition	
NAME	STEPHENS, JAMES	Deserte	NAME	i				
STREET ADDRESS	8880 FREEDOM CROSSING TRAI							
CITY-ST-ZIP		L. STE 101	STREET ADDRESS	ļ				
		L, STE 101	STREET ADDRESS - CITY-ST-ZIP					
TITLE	JACKSONVILLE FL 32256-9920	·				⊠ Change	☐ Addition	
TITLE	JACKSONVILLE FL 32256-9920 DCEO	L, STE 101	. CITY-ST-ZIP				☐ Addition	
	JACKSONVILLE FL 32256-9920 DCEO CROCKER, THOMAS J	·	- CITY-ST-ZIP	225	NE Mizner Blud.		☐ Addition	
NAME	JACKSONVILLE FL 32256-9920 DCEO CROCKER, THOMAS J 433 PLAZA REAL, STE 335	·	- CITY-ST-ZIP TITLE NAME	225 Bocc	NE mizner Blud. Reton FL 3	, Suite 200	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL 32256-9920 DCEO CROCKER, THOMAS J 433 PLAZA REAL, STE 335 BOCA RATON FL 33432	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	225 Boca	NE Mizner Blud. Raton, FL 3	, suite 200 3432		
NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL 32256-9920 DCEO CROCKER, THOMAS J 433 PLAZA REAL, STE 335 BOCA RATON FL 33432 DCFO	·	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	225 Boca	NE Mizner Blud. Raton, FL 3	, Suite 200	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL 32256-9920 DCEO CROCKER, THOMAS J 433 PLAZA REAL, STE 335 BOCA RATON FL 33432 DCFO ONISKO, ROBERT E	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Воса	. Raton, Fl 3	, Su.te 200 3432 ☑ Change	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL 32256-9920 DCEO CROCKER, THOMAS J 433 PLAZA REAL, STE 335 BOCA RATON FL 33432 DCFO ONISKO, ROBERT E	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	225 Boca	. Raton, Fl 3	Su, te 200 3432 ⊠ Change d, Sule 200	☐ Addition	
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGN TURE KEWURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR