

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90271 021 ***150.00

DOCUMENT # P94000023248

1. Entity Name

LETS GET REAL, INC.

(NC) LW

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1428 Deer Haven Lane

Suite, Apt. #, etc.

3. Mailing Address

1428 Deer Haven Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL 32303

Zip

Country

USA

City & State

Tallahassee, FL 32303

Zip

Country

USA

4. FEI Number

59-3231413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Kenon, Robert

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

620 West Brevard Street

City

Tallahassee,

FL

Zip Code
32301

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

4/29/02

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP
P	Dr. Brenda Jarmon	1428 Deer Haven Lane,	32303
S	Jarmon, Machelie	1630 Balkin Road #141	Tallahassee, FL 32310
T	Bob Kenon	630 W. Brevard Steet,	32301
MD	Carol Graham	2402 Vega Drive	Tallahassee, FL 32303

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Brenda Jarmon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

422-0378

Daytime Phone #

CR2E034B (12/01)