

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90054 023 ***158.75

711379



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000063137
 1. Entity Name
INTERNATIONAL REALTY SERVICES, INC.

| | |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Principal Place of Business 210 CROWN POINT CIR SUITE 108 LONGWOOD FL 32779 | Mailing Address 210 CROWN POINT CIR SUITE 108 LONGWOOD FL 32779 |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | | |
|----------------------------------|-------------------------------------|---------------------------------------|
| 4. FEI Number | NOT APPLICABLE | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
**DURKET, STEVEN L
 210 CROWN POINT CIR
 SUITE 108
 LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

| | |
|----------------------------------------------------|-----------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| State | 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.

SIGNATURE _____ (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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

11. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ALMQUIST, CHRISTINA R | |
| STREET ADDRESS | 210 CROWN POINT CIR #108 | |
| CITY-ST-ZIP | LONGWOOD FL 32779 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | DURKET, STEVEN L | |
| STREET ADDRESS | 210 CROWN POINT CIR #108 | |
| CITY-ST-ZIP | LONGWOOD FL 32779 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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: *Steven L. Durket* **V. Pres.** 2/1/01 (407) 862-2212
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)