2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 03, 2004 08:00 AM DOCUMENT # P94000078961 Secretary of State 1. Entity Name FIRST COMMERCIAL REAL ESTATE SERVICES, INC. Principal Place of Business Mailing Address 5770 ROOSEVELT BLVD 5770 ROOSEVELT BLVD SUITE 625 CLEARWATER FL 33760 CLEARWATER FL 33760 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3294267 Not Applicable ZiD Country Źıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REMUND, RENE' 5770 ROOSEVELT BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 625 CLEARWATER FL 33760 City 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. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. _OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 T/TI F Delete TITLE Change ☐ Addition REMUND, RENE' NAME NAME STREET ADDRESS 5770 ROOSEVELT BLVD SUITE 625 STREET ADDRESS U00000075076 CITY - ST- ZIP CLEARWATER FL 33760 CITY - ST - ZIP 03/03/04-30044-013 150.00 ☐ Delete TOTLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1 - 7(P TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TiTLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like enpowered.

SIGNATURE:

FILED