

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90093 024 ***150.00

DOCUMENT # **P94 0000 79 732**
 1. Entity Name
REALLY CAPITAL ADVISORS, INC.

Principal Place of Business Mailing Address

A0065098

DO NOT WRITE IN THIS SPACE

Principal Place of Business
105 E. ROBINSON ST.
 Suite, Apt. #, etc.
SUITE # 420
 City & State
ORLANDO FL.
 Zip
32801 Country
ORANGE

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
59-3378600 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
D. BROCK, MW JEFFRY
3224 WAIA ROAD
ORLANDO FL. 32806

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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]

5/14/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000: Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS ST-ZIP	D Brock, MW Jeffry 3234 WAIA ROAD ORLANDO FL. 32806	<input type="checkbox"/> Delete
ADDRESS ST-ZIP	D. FREDONICK, CHARLES R. 205 EAST COPELAND DRIVE ORLANDO FL. 32801	<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/00
 Date Daytime Phone #

CR2E034 (9/99)