

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 09, 2000 8:00 am  
Secretary of State  
05-09-2000 90074 006 \*\*\*150.00

DOCUMENT # P95000016679

1. Entity Name  
REALESTATE LISTING SERVICE CORPORATION

Principal Place of Business      Mailing Address  
4691 N. UNIVERSITY DRIVE      4691 N. UNIVERSITY DRIVE  
SUITE 395      SUITE 395  
CORAL SPRINGS FL 32314      CORAL SPRINGS FL 33067-4620

2. Principal Place of Business      3. Mailing Address  
4630 N. University Dr.      4630 N. University Dr.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Coral Springs, FL      Coral Springs, FL  
Zip      Zip  
33067      33067  
Country      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      59-3302745      Applied For  
Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FOX, WILLIAM L  
6030 N.W. 96 WAY  
PARKLAND FL 33076

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      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      William L. Fox      4/26/2000  
Signature, typed or printed name of registered agent and title if applicable.      (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)      ☐

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOX, WILLIAM L.		NAME		
STREET ADDRESS	6030 NW 96 WAY		STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOX, WILLIAM L.		NAME		
STREET ADDRESS	6030 NW 96 WAY		STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:      William L. Fox      4/26/2000      800-936-5476  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone

CR2E034 (9/99)