**FILED** 

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P95000028163 **DOCUMENT #**

NAME

STREET ADDRESS

CITY-ST-ZIP

PEOPLE'S CHOICE REALTY, INC.					02-03-2003 90320 014 ***150.00		
Principal Place of Business 4530 S.W. 46TH STREET OCALA FL 34474 US		Mailing Address 4530 S.W. 46TH STREET OCALA FL 34474 US					<b>1 1</b> 11 <b>11 1</b> 111 1 <b>11</b> 1
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 59-3314339	<del></del>	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	<b>\$8.75</b> Ac Fee Requir	dditional
<u></u>	6. Name and Address of Currer	nt Registered Agent			7. Name and Address of New Register		·
CANZENI	UEI EN T		Name				
SANZENI, HELEN T 4530 SW 46TH ST			Street A	Street Address (P.O. Box Number is Not Acceptable)			
OCALA FL 34474							
OCALA FI	L 344/4						
	ī		City			Zip Cod	de
SIGNATURE  F Afte Make Check	Signature, typed or printed hame of registered age: FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	nt and title if applicable (NOTE	: Registered Agent signa		d agent, or both, in the State of Florida. I a then reinstating)  DAT  9. Election Campaign Financing Trust Fund Contribution.	\$5.0	OO May Be d to Fees
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	IS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sanzeni, Helen T 4530 SW 46 ST Ocala FL 34474	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE		□ Delete	TITLE	_	<del></del>		

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 by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATUR包

☐ Change

☐ Addition