

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90889 043 \*\*\*150.00

DOCUMENT # **P95000045232**

1. Entity Name

**1031 Exchange Services, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**32801 Hwy 441 N #71**

3. Mailing Address

**1413 NE 26 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Okeechobee, FL**

City & State

**Fort Lauderdale FL**

4. FEI Number

**65-0592677**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Susan Mills**

Street Address (P.O. Box Number is Not Acceptable)  
**32801 Hwy 441 N #71**

City **Okeechobee**

**FL**

Zip Code **34972**

**DO NOT WRITE  
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPST MILLS, SUSAN N. 32801 Hwy 441 N #71 Okeechobee, FL 34972</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Susan N Mills**

**4/30/02**

CR2E034B (12/01)

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045232

1. Organization

1031 EXCHANGE SERVICES, INC.

ATTACHMENT

Principal Place of Business

32801 HWY 441 N #71  
OKEECHOBEE FL 34972  
US

Mailing Address

32801 HWY 441 N #71  
OKEECHOBEE FL 34972  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. Filing Number

65-0592677

5. Filing Fee

6. Filing Fee

6. Name and Address of Current Registered Agent

5. Filing Fee

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

FL

Zip Code

MILLS, SUSAN N  
32801 HWY 441 N #71  
OKEECHOBEE FL 34972

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

9. This corporation is eligible to qualify as intangible  
tax filing requirement and elects to do so.  
(See instructions on back)

FILE NOW!! FEE IS \$150.00  
After MAY 11, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
First Time Contributor

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	DPST MILLS, SUSAN N	<input type="checkbox"/> Delete
STREET ADDRESS	32801 HWY 441 N #71	
CITY-STATE-ZIP	OKEECHOBEE FL 34972	
PHONE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
PHONE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
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STREET ADDRESS		
CITY-STATE-ZIP		
PHONE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		

NAME		<input type="checkbox"/> Delete	<input type="checkbox"/> Add
STREET ADDRESS			
CITY-STATE-ZIP			
PHONE		<input type="checkbox"/> Delete	<input type="checkbox"/> Add
STREET ADDRESS			
CITY-STATE-ZIP			
PHONE		<input type="checkbox"/> Delete	<input type="checkbox"/> Add
STREET ADDRESS			
CITY-STATE-ZIP			
PHONE		<input type="checkbox"/> Delete	<input type="checkbox"/> Add
STREET ADDRESS			
CITY-STATE-ZIP			
PHONE		<input type="checkbox"/> Delete	<input type="checkbox"/> Add
STREET ADDRESS			
CITY-STATE-ZIP			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes, if I am an officer or director of the corporation or the recorder 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 of this report.

CR25034 (10-00)