

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049078

1. Entity Name

REAL PRO NEW HOME NETWORK, INC.

Principal Place of Business

114090-3 OKEECHOBEE BLVD  
ROYAL PALM BCH FL 33411

Mailing Address

114090-3 OKEECHOBEE BLVD  
ROYAL PALM BCH FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WATSON, JOYCE  
421 Lighthouse Dr.  
PALM BEACH GARDENS FL 33410

change

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

15886 85th Rd N

City

Loxahatchee

FL

Zip Code

33470

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

Joyce Watson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/01

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, 2001 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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WATSON, JOYCE  
CITY-ST-ZIP 421 LIGHTHOUSE DR.  
PALM BEACH GARDENS FL 33410

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME Joyce Watson  
STREET ADDRESS 15886 85th Rd N.  
CITY-ST-ZIP Loxahatchee, FL 33470

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Block 12 if changed, or on an attachment with an address/with all other like empowered.

SIGNATURE:

Joyce Watson

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

1/8/01

Daytime Phone #

561-7924344

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90074 014 \*\*\*150.00

602437



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0587266 Applied For ☐ Not Applicable ☐

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

0622479

CR2E034 (10/00)