

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90254 023 ***150.00

DOCUMENT #

1. Entity Name

Double T REALTY INC.

Principal Place of Business

Mailing Address

2305 QUEEN PALM CT.
LEESBURG, FLA. 34748

2. Principal Place of Business

3. Mailing Address

LEESBURG, FLA.

2305 QUEEN PALM CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEESBURG FLA.

City & State

LEESBURG, FLA.

4. FEI Number

59-3329932

Applied For

Not Applicable

Zip

34748

Country

LAKE

Zip

34748

Country

LAKE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN T. TURNBULL
2305 QUEEN PALM CT.
LEESBURG, FLA. 34748

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

[Signature]

(NOTE: Registered Agent signature required when reissuing)

4/27/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN T. TURNBULL PRESIDENT 2305 QUEEN PALM CT. LEESBURG, FLA. 34748	<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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

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

4/27/01

Date

(352) 360-5451

Daytime Phone #

CR2E034 (11/00)