

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90118 045 ***150.00

DOCUMENT # **P95000069851**
1. Entity Name
American Realtor Inc. ✓



DO NOT WRITE IN THIS SPACE

10016103

2. Principal Place of Business
8167 S.R. 52
Suite, Apt. #, etc.

3. Mailing Address
10393 Ventura Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hudson, Florida

City & State
Spring Hill, Florida

4. FEI Number
59-3336004

Applied For
 Not Applicable

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

Zip
34667 Country
US

Zip
34608 Country
US

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Robert F. Galbo

Street Address (P.O. Box Number is Not Acceptable)
10393 Ventura Ave

City
Spring Hill FL Zip Code
34608

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when remaining) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	P.D.S	TITLE	
NAME	Galbo, Robert F.	NAME	
STREET ADDRESS	10393 Ventura Ave.	STREET ADDRESS	
CITY-ST-ZIP	Spring Hill, Fl. 34608	CITY-ST-ZIP	
TITLE	Galbo, Rachel	TITLE	
NAME	Galbo, Rachel	NAME	
STREET ADDRESS	10393 Ventura Ave.	STREET ADDRESS	
CITY-ST-ZIP	Spring Hill, Fl. 34608	CITY-ST-ZIP	
TITLE	Galbo, N.	TITLE	
NAME	Galbo, N.	NAME	
STREET ADDRESS	10393 Ventura Ave.	STREET ADDRESS	
CITY-ST-ZIP	Spring Hill, Fl. 34608	CITY-ST-ZIP	
TITLE	Galbo, Robert	TITLE	
NAME	Galbo, Robert	NAME	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert Galbo** **1/27/03** **(352)683-8377**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)