FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90181 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

| DOCUMENT # |
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P95000089174

Mailing Address

1. Entity Name

100% REALTY, INC.

Principal Place of Business

| II NE RACEI | IRACK RU. | 11 NE RACEIRACK HU. | | | | | |
|--|--|-------------------------------|-----------------------------|--------------------------------|--|------------------|---------------------------|
| SUITE F3 | | SUITE F3 | | | | | |
| FT WALTON BEACH FL 32547 FT WALTON BEACH FL 3254 | | | 2547 | | | | |
| US | 4 - 80 * 48 - 8 * France | US | | | | | |
| | Place of Business ary Exther Blue | 3. Mailing Address | 5 Her B | lud | | | 3011 3131 1021 |
| Suite, Apt. # 90c. Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| | | City & State Nory Esth | City & State Mary Esther FC | | 1 59-3343607 H | | plied For t Applicable |
| 3250 | Country | Zip 7 32.569 | Country | | 5. Certificate of Status Desired | \$8.75 Add | |
| <i>) - 5 (</i> | 6. Name and Address of Current F | 1 | <u> </u> | | 7. Name and Address of New Registered | <u>.</u> | |
| | • | | Name | | | | |
| DAVIS, R | OBIN D | | | | • | | |
| 141 DEVI | | | Street A | Address (F | P.O. Box Number is Not Acceptable) | | |
| 5 | | | | | · · · · · · · · · · · · · · · · · · · | | |
| MART ES | THER FL 32569 | | | | | | |
| | • | | City | | F | Zip Code | е |
| ηt . | | the surrous of about the | registered office o | into | | | and secont |
| | e named entity submits this statement for tions of registered agent. | the purpose of changing its | registered office o | rregis (o q | ed agent, or both, in the State of Florida. I ar | n iamiliai with, | and accept |
| | | ' · ' | ./ · / | ^) | 1)'6 | /2/22 | |
| SIGNATURE | Jan V | | 061A J | <u> </u> | Davis 21 | 1/05 | |
| ે હૈં | Signature, typed or printed harne of registered agent a | nd title if applicable. (NOT) | E: Registered Agent signat | ture required | when reinstating) DATE | | |
| . F | ILE NOW!!! FEE IS \$150.00 | | | | | | _ |
| * | r May 1, 2003 Fee will be \$550.00 | | | | 9. Election Campaign Financing | | May Be |
| Make Check | k Payable to Florida Department of | State | | | Trust Fund Contribution. | □ Added | to Fees |
| 10. | OFFICERS AND I | DIRECTORS | 11. | | ADDITIONS/CHANGES TO OFFICERS AN | ND DIBECTORS | S IN 11 |
| TITLE | PD | Delete | TITLE | TVD | S. D | Change | ☐ Addition |
| NAME | LICARI, CHARLES J | □ Detete | NAME | 100 | ARI, CHALLES J. | Least change | Addition |
| STREET ADDRESS | 343 SHANNON COURT | | STREET ADDRESS | 343 | 3 SHANNON COURT | | |
| CITY-ST-ZIP | FT. WALTON BEACH FL 32548 | | CITY-ST-ZIP | Fr | WALTON BEACH, FL | 3254 | ล |
| | · · · · · · · · · · · · · · · · · · · | | | ļ | | | |
| TITLE | VSD PORIN D | ☐ Delete | TITLE | Ρ, | | 🔀 Change | ☐ Addition |
| NAME | DAVIS, ROBIN D | | NAME | DAV | ns, Robin D. Deville OR. | | |
| STREET ADDRESS | 141 DEVILLE DR. | | STREET ADDRESS | | | 569 | ĺ |
| CITY-ST-ZIP | MARY ESTHER FL 32569 | | CITY-ST ₂ ZIP | _ | ARY ESTHER, FL 32 | | |
| TITLE | TD | - Delete - " | ' ≠ :=TITLE - " = ~ ~ · | -D- | NIEWEN DAMA HE | 🔀 .Change | ☐ Addition |
| NAME | KRAHENBUHL, DAVID W | | NAME | | AHENBUHL, DAVID W. | | |
| STREET ADDRESS | 329 OLDE POST RD. | | STREET ADDRESS | | OLDE POST ROAD | | |
| CITY-ST-ZIP | NICEVILLE FL 32578 | | CITY-ST-ZIP | NIC | EVILLE, FL 32578 | | |
| TITLE | D | ☐ Delete | TITLE | | | Change | ☐ Addition |
| NAME | KRAHENBUHL, DONNA L | | NAME | | · | | I |
| STREET ADDRESS | 329 OLDE POST RD. | | STREET ADDRESS | | | | } |
| CITY-ST-ZIP | NICEVILLE FL 32578 | | CITY-ST-ZIP | | | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | • | | CITY-ST-ZIP | | | | |
| TITLE | | ☐ Delete | TITLE | 1 | 1 | ☐ Change | ☐ Addition |
| NAME | · · | <u> </u> | NAME | 15.00 | r Alaba (mire) - New John Community (mire) | | _ |
| STREET ADDRESS | 4.1 | • | -STREET ADDRESS | | | | |
| CITY ST. 7IP | | | C1TV_ ST_7ID | 1 | | | |

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 to 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.

SIGNATURE:

850-862-7100