2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 19, 2002 8:00 am & Secretary of State DOCUMENT # P96000008585 1. Entity Name LOCKWOOD - REALWAY BUSINESS BROKERS, INC. 05-19-2002 90033 008 ***150.00 Principal Place of Business Mailing Address 2748 E COMMERCIAL BLVD 1260 E. OAKLAND PARK BLVD FT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33334 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0636028 Not Applicable Zip Zip Country 5. Certificate of Status Desired **\$8.75** Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FUHRMEISTER, J. CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 1260 E OAKLAND PARK BLVD FT. LAUDERDALE FL 33334 City Zip Code 8. The above named end ging its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Change ☐ Addition GALLANT, GLENN M NAME NAME 5596 BAYVIEW DRIVE STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition BAGLEY, MICHAEL NAME NAME 2748 E COMMERCIAL BLVD STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33308 CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME . FUHRMEISTER, J C 😓 NAME 1260 E OAKLANK PARK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33334 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP 13. 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 mastes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or matter changed, or on an attachment with an lade

Date

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