2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000016065 **DOCUMENT #**

1. Entity Name

DE LOACH & ASSOCIATES REALTY, INC.



FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90072 020 ***150.00

		1,							
Principal Place of Business 17610 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413		17610	Mailing Address 17610 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413						
2. Principal	Place of Business	3. Mailing Address							2111 1111 1111
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Sta	te	City &	City & State			4. FEI Number 59-33629	24		pplied For ot Applicable
Zip	Country	Zip	-	Count	try	5. Certificate of Status Desire	ed 🗆	\$8.75 Ad Fee Require	ditional
	6. Name and Address of Currer	nt Registered	Agent	<u>'</u>		7. Name and Address of Ne			7.0
DE LOAC	U IOAN E				Name				
	ch, Joan F Ront Beach Road			ļ	Street Address (P.O. Box Number is Not Acceptable)				
PANAMA	CITY BEACH FL 32413				,		· 		
	;			ļ	City		FL	Zip Coo	
8. The above the obligat	e named entity submits this statement tions of registered agent.	for the purpos	e of changing its	registere	ed office or registere	ed agent, or both, in the State of	Florida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applica	able. (NOTE	: Registered	Agent signature required	when reinstating)	DATE		
F	ILE NOW!!! FEE IS \$150.00				-	<u> </u>	<u></u>		
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department					9. Election Campaign Trust Fund Contribu			0 May Be to Fees
10.	OFFICERS AND	D DIRECTORS	· ·	11.		ADDITIONS/CHANGES TO C	OFFICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D De Loach, Joan F 129 Downing Street Panama City Beach Fl 3241:	3	Delete		ļ.			Change	☐ Addition
TITLE	THE SET OF	, <u></u>	☐ Delete	TITLE	·			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				STREE	T ADDRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS		-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP		. ч	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS NT-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
12. I hereby c	ertify that the information supplied with	h this filing do	es not qualify for t		-	tion 119,07(3)(i). Florida Statute	s. I further certif	v that the in	formation

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.