

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90214 041 ***150.00

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

DOCUMENT # P96000017201	
1. Entity Name REAL VEST PROPERTIES INC. ✓	

DO NOT WRITE IN THIS SPACE

90136709

2. Principal Place of Business 17953 San Carlos Blvd Suite, Apt. #, etc.	3. Mailing Address PO Box 6926 Suite, Apt. #, etc.
City & State Ft Myers Beach, FL Zip 33931 Country Lee	City & State Fort Myers, FL Zip 33911 Country Lee

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0045681	Applied For ☐ Not Applicable
	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name Steven Dominic Street Address (P.O. Box Number is Not Acceptable) 17953 San Carlos Blvd City Ft. Myers Beach FL Zip Code 33931	

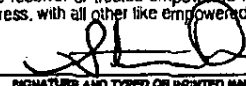
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 4/10/03
(NOTE: Registered Agent signature required when re-registering)

January 15 - May 15 Fee is \$150.00 After May 15 Fee is \$350.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Steven Dominic 33931 17953 San Carlos Blvd, FMB, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kimberly Dominic 33931 17953 San Carlos Blvd, FMB, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 4/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)