AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-23-2003 90203 048 ****70.00
P96000029708

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB -4 PM 12:33

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DOCUMENT # P96000029708

1. Entity Name
CERTIFIED REALTY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
211 ASH AVE	P.O. BOX 510247
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE Bch. FL	City & State: MELBOURNE Bch. FL
Zip: 32951 Country: USA	Zip: 32951 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3373372 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name JEFF PARKER

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

211 ASH AVE

City MELBOURNE Bch. FL Zip Code 32951

DO NOT WRITE IN THIS SPACE

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT	TITLE	
NAME	DANIEL WINKLER	NAME	
STREET ADDRESS	119 SIGNATURE DR.	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE Bch., FL 32951	CITY-ST-ZIP	
TITLE	C, V, S, T	TITLE	
NAME	JEFFERY PARKER	NAME	
STREET ADDRESS	211 ASH AVE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE Bch, FL. 32951	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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: ____________________ 1-17-03 321-728-0144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #