

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000031068**

1. Entity Name
REALTY ASSET PROPERTIES, INC.



**FILED
Apr 24, 2003 8:00 am
Secretary of State**

04-24-2003 90233 029 ***150.00

0381249 AV

Principal Place of Business
**745 US HWY ONE
SUITE 209
NORTH PALM BEACH FL 33408
US**

Mailing Address
**745 US HWY ONE
SUITE 209
NORTH PALM BEACH FL 33408
US**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

Zip **Country**

| | |
|---------------------------------|----------------|
| 4. FEI Number 65-0660192 | Applied For |
| | Not Applicable |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HEITMEYER, RICHARD
745 US HWY ONE
SUITE 209
NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL Zip Code |

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | |
|---|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD HEITMEYER, RICHARD 745 US HWY ONE; SUITE 209 NORTH PALM BEACH FL 33408 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
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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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 *561-776-1100*
Date Daytime Phone #

CR2E03411012