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## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 03, 2001 8:00 am Secretary of State DOCUMENT # P96000032053 AHLER REALTY COMPANY 05-03-2001 90079 045 \*\*\*150.00 Principal Place of Business Mailing Address 591 JUPITER BLVD NW 591 JUPITER BLVD NW PALM BAY FL 32907 PALM BAY FL 32907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 3. City & State City & State Applied For 4. FEI Number 59-3373117 Not Applicable Country Zio Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOYD, BRADLEY K 100 RIALTO PLACE STE-727A MELBOURNE FL. 32901 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 JUDITH K. Shler-Friddle PRES. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition τιτί Ε ☐ Change ☐ Detete TITLE FRIDDLE, JUDITH K NAME NAME STREET ADDRESS STREET ADDRESS 591 JUPITER BLVD NW CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 TITLE ☐ Change ☐ Addition ☐ Delete TITLE AHLER-FRIDDLE, JUDITH K NAME NAME 591 JUPITER BLVD NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CİTY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: <

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS

CITY-ST-ZIP