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

## P96000036337 **DOCUMENT#**



## **FILED** Mar 10, 2003 8:00 am § Secretary of State

t. Entity Name ST. LUCIE ESTATE BROKERS, INC.						03-10-2003 90110 033 ***150.00				
7634 S U.S. HWY ONE 763			Mailing Address 7634 S U.S. HWY ONE PORT ST LUCIE FL 3499							
Suite, Apt. #, etc.			3. Mailing Address	3. Mailing Address  Suite, Apt. #, etc.						
			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
			City & State			4. FEI Number 65-0660710				pplied For
Zip Country		Zip	Country		5. Certificate	of Status Desired		\$8.75 Ad	Iditional	
	6. Name a	nd Address of Current	Registered Agent			. 7:: Name and	Address of New	Registered	Agent =	
	* 1	ð:		Nam						
LETSCH, DONNA 7634 S U.S. HWY ONE				Street Addre		(P.O. Box Number is Not Acceptable)				
PORT ST LUCIE FL 34952						;				
				City				FI	<b>–</b> 1	[
8. The above the obliga	e named entity s ations of register	submits this statement for each agent.	or the purpose of changing its	registered office	or registere	ed agent, or both	n, in the State of F	lorida. I an	n familiar with,	, and accept
SIGNATURE		printed name of registered agent	and title if applicable (A)OT	E: Registered Agent sig				DATE		
	.,,	11	and the mappingatie. (NOT	E. Registered Agent sig	mature required	when reinstating)		DATE		
		FEE IS \$150.00								
		- ***	i			l 9. Fled	ction Campaign F	inancino	<b>EE (</b>	)0 May Ba
		Fee will be \$550.00 forida Department of	f State			I	ction Campaign F st Fund Contributi	_	<b>\$5.0</b> □ Adde	00 May Be d to Fees
Make Chec		lorida Department o		T 11		Trus	st Fund Contributi	on.	∐ Adde	d to Fees
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Make Check	k Payable to F	OFFICERS AND		TITLE		Trus	st Fund Contributi	on.	∐ Adde	d to Fees
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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:

-01-03 <u>172-340-1585</u>