

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90400 029 ***150.00

DOCUMENT # P96000045993

1. Entity Name
AMERICAN REALTY SERVICES, INC.



Principal Place of Business
10572 86TH AVE NO
SEMINOLE FL 33772
US

Mailing Address
10572 86TH AVE NO
SEMINOLE FL 33772
US



2. Principal Place of Business **4445 2ND AVE NE** **3. Mailing Address** **4445 2ND AVE NE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
NAPLES FL
Zip **34120** **Country** **USA**

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NAPLES FL
Zip **34120** **Country** **USA**

4. FEI Number **59-3404996**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GAFFNEY, PATRICK F
2348 SUNSET POINT RD
CLEARWATER FL 34625

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. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, JOHN F	
STREET ADDRESS	10572 86TH AVE NO	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, SHARON	
STREET ADDRESS	10572 86TH AVE NO	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Kennedy, John F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4445 2ND AVE NE	
STREET ADDRESS	NAPLES FL 34120	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	Kennedy Sharon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4445 2ND AVE NE	
STREET ADDRESS	NAPLES, FL 34120	
CITY-ST-ZIP	NAPLES, FL 34120	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **John F. Kennedy** **2-7-03**

Date

Daytime Phone #

CR2E034 (10/02)