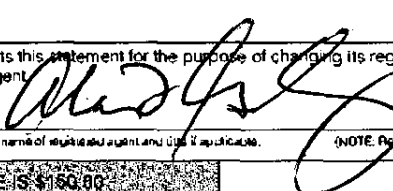
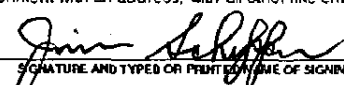


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90823 039 ***150.00

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

DOCUMENT # P96000096418			
1. Entity Name SARASOTA REALTY INTERNATIONAL, INC.			
Principal Place of Business 4134 GULF OF MEXICO DRIVE SUITE 302, HARBOR SQUARE LONGBOAT KEY, FL 34228		Mailing Address 4134 GULF OF MEXICO DRIVE SUITE 302, HARBOR SQUARE LONGBOAT KEY, FL 34228	
2. Principal Place of Business 301 NORTH CATTLEMEN RD		3. Mailing Address 301 N CATTLEMEN RD	
Suite, Apt. #, etc. 205		Suite, Apt. #, etc. 205	
City & State SARASOTA, FLORIDA		City & State SARASOTA, FLORIDA	
Zip 34232 Country SARASOTA		Zip 34232 Country SARASOTA	
4. FEI Number 65-0767327		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, ANTHONY J 4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY, FL 34228		7. Name and Address of New Registered Agent Name Alan F. Gonzalez Street Address (P.O. Box Number is Not Acceptable) 1515 Ringling Blvd. Suite 900 City Sarasota FL Zip Code 34236	
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 4/23/03 (NOTE: Registered Agent Signature required when reinstating)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, ANTHONY J 4134 GULF OF MEXICO DR., SUITE 302 HARBOR SQUARE, FL 34228 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JIM SCHIPPER 301 N CATTLEMEN RD STE 205 SARASOTA, FL 34232 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 507, 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:  JIM SCHIPPER		DATE 4/28/03 PHONE 941-387-3829 Office Cell Home Mobile	

CR2E034 (10/02)