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	Mailing Address
4134 GULF OF MEXICO DRIVE SUITE 302, HARBOR SQUARE LONGBOAT KEY, FL 34228	4134 GULF OF MEXICO DRIVE SUITE 302, HARBOR SQUARE LONGBOAT KEY, FL 34228

2. Principal Place of Business	3. Mailing Address
301 NORTH CATTLEMEN RD	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

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
BROWN, ANTHONY J 4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY, FL 34228	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 [signature] 4/23/03
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP ☒ Delete	TITLE	P ☐ Change ☒ Addition
NAME	BROWN, ANTHONY J	NAME	JIM SCHIPPER
STREET ADDRESS	4134 GULF OF MEXICO DR., SUITE 302	STREET ADDRESS	301 N CATTLEMEN RD STE 205
CITY-ST-ZIP	HARBOR SQUARE, FL 34228	CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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] JIM SCHIPPER 4/28/03 941-387-3829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #