

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 14, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000101786**1. Entity Name
STRATFORD UPON AVON REALTY, INC.

Principal Place of Business 8257 SOUTH US #1 PORT ST. LUCIE FL 34952	Mailing Address 8257 SOUTH US #1 PORT ST. LUCIE FL 34952
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2. Principal Place of Business 201 S.W. PT. ST. LUCIE BLVD. Suite, Apt. #, etc. 201	3. Mailing Address 10302 SOUTH US #1 Suite, Apt. #, etc. PMB #293
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City & State PORT ST. LUCIE FL	City & State PORT ST. LUCIE FL
Zip 34984	Country US

4. FEI Number 65-0715734	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**GREENWALT A.E.**
8257 SOUTH US #1

PORT ST. LUCIE FL 34952**7. Name and Address of New Registered Agent**

Name GREENWALT A.E.
Street Address (P.O. Box Number is Not Acceptable) 201 S. W. PT. ST. LUCIE BLVD.
201
City PORT ST. LUCIE FL
Zip Code 34984

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.

SIGNATURE **ALVIN E. GREENWALT****01/14/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST GREENWALT A.E. 2949 S.E. FARLEY ROAD PORT ST LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Alvin E. Greenwalt

PDST 01/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)