

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State

04-11-2002 90004 029 ***150.00

UNIFORM BUSINESS REPORT

DOCUMENT # **P96000103563**

1. Entity Name
REALTY AFFILIATES INCORPORATED

Principal Place of Business Mailing Address
1679 INDIAN ROCKS RD. S. 1679 INDIAN ROCKS RD. S.
LARGO FL 33774 LARGO FL 33774

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **59-3441453** Applied For:
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOLSON, WILLIAM
1230 S. MYRTLE AVE., STE. 105
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name **SAME**
 Street Address (P.O. Box Number is Not Applicable)
 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.

SIGNATURE William Golson DATE 5/3/02
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11...

TITLE	P	<input type="checkbox"/> Delete
NAME	OATES, PATRICK T	
STREET ADDRESS	10167 SAILWINDS BLVD. N., #101	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	V	<input type="checkbox"/> Delete
NAME	OATES, DAVID J	
STREET ADDRESS	11722 CURRIE LANE, #G-2	
CITY-ST-ZIP	LARGO FL 33774	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	907 Hidden Harbour Dr	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
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		

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: Patrick Oates DATE 4/3/02 DAYTIME PHONE # 727 585 1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)