## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P97000032690 **DOCUMENT #** 1. Entity Name

04-21-2003 91176 035 \*\*\*150.00

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FILED apr 21, 2003 8:00 am	Ş
Secretary of State	ν Δν
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BLOCK !	6 REALTY, INC.								
Principal Place of Business 231 BRADLEY PLACE STE 200 PALM BEACH FL 33480 US		Mailing Address 231 BRADLEY PLACE STE 200 PALM BEACH FL 33480 US							
2. Principal F	Place of Business	3. Mailing Address		1	4 10011001 (IN 18114 (1811 BREEL BREEL BREEL		0 11515 51110	(\$115 BB1) (BB1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF	MAKING C	CHANGES		
City & State		City & State		4	1. FEI Number 65-0746917		<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country	5	5. Certificate of Status Desired		8.75 Add	ditional	
	6. Name and Address of Current Re	egistered Agent		- 7.	Name and Address of New Regi	stered Ag	ent:	Segment.	
OPPONING	ELL, PHIL D JR		Name	Name					
	AGLER DR. SUITE 1900		Street Addre	ess (P.O.	. Box Number is Not Acceptable)				
	LM BEACH FL 33401								
			City			FL	Zip Cod	e	
	named entity submits this statement for t	he purpose of changing its	registered office or reg	istered a	agent, or both, in the State of Florida	ı. I am fan	niliar with,	and accept	
_	ions of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent and	AIOTE	Desistantal & wast signature re-	a dead wha	an rejectation)	DATE			
.4		(NOTE:	Registered Agent signature re-	quirea wher	en reinstating)	DATE			
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of S	State			Election Campaign Financ Trust Fund Contribution.	ing 🗆		<b>0</b> May Be I to Fees	
10.	OFFICERS AND D		11.		 ADDITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OCONNELL, JR P D 515 N FLAGLER DR, 19TH FL WPB FL 33401	☐ Delete	TITLE .  NAME  STREET ADDRESS  CITY-ST-ZIP			<u> </u>	Change	☐ Addition	
TITLE	VPTD	☐ Delete	TITLE	-			Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	LEVIN, G 100 BAY COLONY LN FT LAUD FL 33308		NAME STREET ADDRESS CITY-ST-ZIP	_				,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD FAIGEN, G 231 BRADLEY PLACE SUITE 200 PALM BEACH FL 33480	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			. [	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Murphy, F 12800 US HWY 1 JUNO BCH FL 33408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jerman, R A 1-11, Town Bay DR Boca Raton FL 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRONW, JR R T 513 US HWY 1 NPB FL 33408	☐ 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental north 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 out using the 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 will fair an exist 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 will fair an exist 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 will fair the 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 will fair the 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 will fair the 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 will be the execute the execute this report as required by Chapter 607, Florida Statutes. AL THE UIRED

SIGNATURE: .

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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