

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State
 04-25-2000 90062 050 ***150.00

DOCUMENT # P97000041206

1. Entity Name
US REALTY SERVICES, INC.

Principal Place of Business: **2508 VINE STREET WEST, KISSIMMEE FL 34741**
 Mailing Address: **2508 VINE STREET WEST, KISSIMMEE FL 32822-6102**

2. Principal Place of Business: **1944 GARWOOD DRIVE**
 3. Mailing Address: **1944 GARWOOD DRIVE**

Suite, Apt. #, etc.

City & State: **ORLANDO, FL.**
 City & State: **ORLANDO, FL.**

Zip: **32822** Country: **ORANGE**
 Zip: **32822-6102** Country: **ORANGE**

4. FEI Number: **59-3445296**
 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
HOLDER, CHRISTOPHER
2508 VINE STREET WEST
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **1944 GARWOOD DRIVE**
 City: **ORLANDO** FL Zip Code: **32822**

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: _____ DATE: _____
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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	PST	<input type="checkbox"/> Delete
NAME	HOLDER, CHRISTOPHER	
STREET ADDRESS	1944 GARWOOD DR	
CITY-ST-ZIP	ORLANDO FL 32822-6102	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLBER, PATRICIA	
STREET ADDRESS	1944 GARWOOD DR	
CITY-ST-ZIP	ORLANDO FL 32822-6102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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: *Christopher Holder* **CHRISTOPHER HOLDER, PRESIDENT** **APRIL 15, 2000 (407) 823-9539**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)