2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

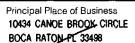
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1. Entity Name

DYNASTY REALTY, INC.



Mailing Address

10434 CANOE BROOK-CIRCLE BOCA RATON FL 33498

2. Principal Place of Business 3. Mailing Address 400 PLANTATION GROVE LN 400 PLANTATION GROVE LN Suite, Apt. #, etc. Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number Applied For 65-0763307 ST. AUGUSTINE, FL ST. AUGUSTINE Not Applicable \$8.75 Additional --USA-5. Certificate of Status Desired -32086 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent Name DENEFFE, HORST L.

Street Address (P.O. Box Number is Not Acceptable)

DENEFFE, HORST L 10434 CANOE BROOK CIRCLE BOCA RATON FL 33498

400 PLANTATION GROVE LANE

City ST. AUGUSTINE

8. The above named entity submits this statement for he 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, typed or printed name of registered agent and title if applicable

HORST L. DENEFFE (NOTE: Registered Agent signature required when reinstating)

DATE

Trust Fund Contribution.

9. Election Campaign Financing \$5.00 May Be

Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

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

10. $\overline{\mathbb{Q}}$ TITLE ☐ Delete TITLE DENEFFE, HORST L. NAME DENEFFE, HORST L MAME 10434 CANOE BROOK-CIRCLE STREET ADDRESS STREET ADDRESS 400 PLANTATION GROVE LN BOCA RATON Ft 33498 CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE, FL 32086 TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 fill other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF FICER OR DIRECTOR

Date