

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062002

1. Entity Name

THE REAL ESTATE SUPERMARKET, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90057 034 ***150.00

Principal Place of Business

13770 TONBRIDGE COURT
BONITA SPRINGS FL 34135

Mailing Address

13770 TONBRIDGE COURT
BONITA SPRINGS FL 34135-3455

2. Principal Place of Business

3. Mailing Address

13710 Tonbridge Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3509845

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONTEN, CARLA E
13770 TONBRIDGE COURT
BONITA SPRINGS FL 34135

Name

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

13710 Tonbridge Ct.

City

Bonita Springs

FL

Zip Code

34135

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

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, 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 D ☐ Delete

NAME BONTEN, CARLA E
STREET ADDRESS 13770 TONBRIDGE COURT
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE D ☒ Delete

NAME MALIK, JOSEPH E
STREET ADDRESS 285 BAHIA VIA
CITY-ST-ZIP ESTERO ISLAND FL 33931

TITLE D ☒ Delete

NAME WILBERT, EDMUND W
STREET ADDRESS 285 BAHIA VIA
CITY-ST-ZIP ESTERO ISLAND FL 33931

TITLE ☐ Delete

NAME ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/00 (941) 949-9122

CR2E034 (9/99)