


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90199 023 \*\*\*150.00

**DOCUMENT #** P97000064274

1. Entity Name  
1926 REAL ESTATE, INC.



Principal Place of Business  
8233 18 GATOR LANE  
WEST PALM BEACH FL 33411  
US

Mailing Address  
7 OCEAN PLACE  
HIGHLAND BEACH FL 33487  
US

2. Principal Place of Business  
1926 10th Ave North  
Suite, Apt. #, etc.

3. Mailing Address  
6600 N Andrews Ave  
Ste 160  
Suite, Apt. #, etc.

City & State  
Lake Worth FL

City & State  
Ft Lauderdale FL

Zip  
33401

Country  
US

Zip  
33309

Country  
US

4. FEI Number 65-0771913

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILLIARD, JAMES W  
2406 SOUTH CONGRESS AVENUE  
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
6600 N Andrews Avenue Ste 160

City Ft Lauderdale FL Zip Code 33309

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James W. Hilliard* james W. Hilliard 1/27/03

(NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLIARD, JAMES C 7 OCEAN PLACE HIGHLAND BEACH FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLIARD, JAMES W 7 OCEAN PLACE HIGHLAND BEACH FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, and all other like empowered.

**SIGNATURE:** *James W. Hilliard* James W. Hilliard 1/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)