

# 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**

3. Mailing Address  
**6600 N Andrews Ave**

Suite, Apt. #, etc.  
**ste 160**

CHECK HERE IF MAKING CHANGES

City & State  
**Lake Worth FL**

City & State  
**Ft Lauderdale FL**

Zip  
**33401**

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**~~

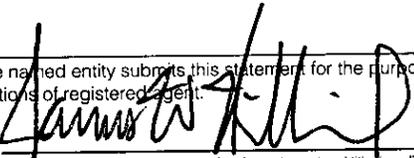
7. Name and Address of New Registered Agent

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** 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**

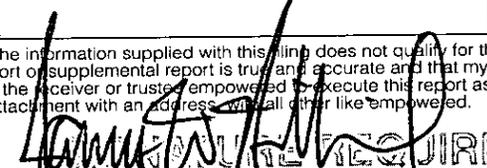
10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HILLIARD, JAMES C</b>	
STREET ADDRESS	<b>7 OCEAN PLACE</b>	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HILLIARD, JAMES W</b>	
STREET ADDRESS	<b>7 OCEAN PLACE</b>	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ARMSTRONG, CRYSTAL H</b>	
STREET ADDRESS	<b>7 OCEAN PLACE</b>	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SNOWDON, ROGER S</b>	
STREET ADDRESS	<b>7 OCEAN PLACE</b>	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)