

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91518 003 ***150.00

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

DOCUMENT # P97000073212			
1. Entity Name REAL SOLUTIONS INC.			
Principal Place of Business 1745 GROVE AVE. FT. MYERS, FL 33901		Mailing Address P.O. BOX 2225 FT. MYERS, FL 33901	
2. Principal Place of Business 9206 La Mancha Ct. Suite, Apt. #, etc.		3. Mailing Address PO Box 1404 Suite, Apt. #, etc.	
City & State FL - MYERS, FL		City & State FL - ESTERO, FL	
Zip 33912	Country Lee	Zip 33928	Country Lee
4. Name and Address of Current Registered Agent MILLER, JANICE E 1745 GROVE AVE. FT. MYERS, FL 33901		4. FEI Number 85-0821888	
5. Name and Address of New Registered Agent Name MACE, Janice E. Street Address (P.O. Box Number is Not Acceptable) 9206 La Mancha Ct. City FL - MYERS, FL Zip Code 33928		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. 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 <u>Janice E. Mace</u> DATE <u>4-21-03</u> (Signature, typed or printed name of registered agent and date applicable. NOTE: Registered Agent's signature required when withdrawing.)			
7. 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	PTD MILLER, JANICE E 1745 GROVE AVE. FT. MYERS, FL 33901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MACE, Janice E 9206 La Mancha Ct. FL - MYERS, FL 33912 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOTTORFF, EMORY 3731 ARLINGTON STREET FT. MYERS, FL 33901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHMB MACE, KENNETH J 1657 GRACE AVENUE FT. MYERS, FL 33901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHMB MACE, Kenneth J 9206 La Mancha Ct. FL - MYERS, FL 33912 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 907, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another/line empowered. SIGNATURE: <u>Janice E Mace</u> DATE <u>4-21-03</u> (Signature and typed or printed name of signing officer or director)			

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☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)

257-489-0400