

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90233 008 ***150.00

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DOCUMENT # P97000094628

1. Entity Name
MILITARY TRAIL REALTY HOLDINGS, INC.



Principal Place of Business
**555 S FEDERAL HWY
SUITE 400
BOCA RATON FL 33432
US**

Mailing Address
**555 S FEDERAL HWY
SUITE 400
BOCA RATON FL 33432
US**



2. Principal Place of Business

150 E Palmetto Park Rd

Suite, Apt. #, etc.

Suite 330

City & State
Boca Raton FL

Zip Country
33432 USA

3. Mailing Address

150 E. Palmetto Park Rd.

Suite, Apt. #, etc.

Suite 330

City & State
Boca Raton FL

Zip Country
33432 USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0815109**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KING, JAMES P
555 S FEDERAL HWY
SUITE 400
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **KING, JAMES P**
Street Address (P.O. Box Number is Not Acceptable)
150 E. PALMETTO PARK ROAD
SUITE 330
City **BOCA RATON FL** Zip Code **33432**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PTD** ☐ Delete
NAME **KING, JAMES D**
STREET ADDRESS **555 S FEDERAL HWY, STE 400**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **S** ☐ Delete
NAME **SCHUBOCH, ANITA**
STREET ADDRESS **555 S FEDERAL HWY, STE 400**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
NAME **KING, JAMES P**
STREET ADDRESS **150 E. PALMETTO PK RD, STE 330**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **S** ☒ Change ☐ Addition
NAME **SCHUBOCH, ANITA**
STREET ADDRESS **150 E. PALMETTO PK RD, STE 330**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)