2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

## Apr 21, 2004 8:00 am Secretary of State DOCUMENT # P97000095505 1. Entity Name 04-21-2004 90061 037 \*\*\*150.00 UNIVERSAL REALTY, INC. Principal Place of Business Mailing Address 1415 COLONIAL BLVD PO BOX 2846 FORT MYERS FL 33907 FT. MYERS FL 33902 2. Principal Place of Business 3. Mailing Address 13180 N. Cleve land Suite, Apt..#; etc.; ~ -Suite, Apt. #, etc. CR2E034 (11/03) Suite 130 City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Richard Thompson THOMPSON, RICHARD O. Box Number is Not Acceptable) Street A 1415 COLONIAL BLVD Ste 130 FT MYERS FL 33907 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 Richard-Thompson (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Change ■ Addition THOMPSON, RICHARD H NAME NAME STREET ADDRESS 1415 COLONIAL BLVD STREET ADDRESS CITY-ST-7IP FORT MYERS FL 33907 CITY-ST-ZIP ۷D ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME NESTOR, SUZANNE STREET ADDRESS STREET ADDRESS 15675 MCGREGOR BLVD CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ESPOSITO, PATRICK\_\_\_ NAME STREET ADDRESS 7164 LYLE TERRACE STE 4 STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33907 CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Kichard Thompson

FILED