

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91411 008 ***150.00

DOCUMENT # P97000102410

1. Entity Name
REALTY WORKS, INC.



Principal Place of Business
**150 RIO VILLA DRIVE
PUNTA GORDA FL 33950**

Mailing Address
**150 RIO VILLA DRIVE
PUNTA GORDA FL 33950**

2. Principal Place of Business
13180 N. Cleveland Ave
Suite, Apt. #, etc.
#109

3. Mailing Address
13180 N. Cleveland Ave.
Suite, Apt. #, etc.
#109

City & State
N. Ft Myers, FL
Zip
33903
Country
Lee

City & State
N. Ft Myers, FL
Zip
33903
Country

4. FEI Number
65-0800885

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MENDOLERA, TRACI
950 MOODY RD #112 **612 SE 21st Place**
FORT MYERS FL 33903 **Cape Coral, FL 33990**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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: **Traci Mendolera, President**

DATE **5/1/03**

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	P	<input type="checkbox"/> Delete
NAME	MENDOLERA, TRACI	change address →
STREET ADDRESS	950 MOODY RD. # 112	
CITY-ST-ZIP	FORT MYERS FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRESIDENT, MENDOLERA, TRACI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	612 SE 21st Place	
STREET ADDRESS	Cape Coral, FL 33990	
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
NAME		
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: **Traci Mendolera, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **5/1/03**

DAYTIME PHONE # **239-872-9685**

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CR2E034 (10/02)