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

## P97000102410 **DOCUMENT #**

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

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

05-05-2003 91411 008 \*\*\*150.00

POSTEDOM



the obligations of registered agant.    SIGNATURE										
Suite, Apt. 900 Suite, Apt. 900 City & State N. F. H. MULES, FL. N. F. M.	2. Principal Place of Business 13/80 N. Claud and Any 3. Mailing Address 13/80 N. Claud			eland A	10.			1 <b>02</b> (10 114)1 01001 1	11811 6811 1881	
Note Address   Note	Suite, Apt. #, etc.									
5. Certificate of Status Desired   Fee Reguland   F				,71		4. FEI Number 65-	0800885	h		
S. Name and Address of Current Registered Agent  MENDOLERA, TRACI 950 M000Y RD #112	<sup>Zip</sup> 3390	3 Country Lee	33903	Country		5. Certificate of Statu	s Desired			
MENDOLERA, TRACI  950 MOODY RD #112										
SEO MOODY RD #112 C/3 State of Place Common or Place of the Common of th	MENDOLERA, TRACI				, ,					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature Sig	950 MOODY RD #112 \ 612 SE 2151 Place				Silest Alested (A.C. Box Harrison in Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SignATURE   Southur, updice Fleter in the obligation set agent and wide it interfease.   OxfOTE Programmed Agent agreeous requires when interfease.	FORT MY	ERS FL 33903/ Cape Cora								
the cologations of registered agent.  SIGNATURE					City FL Zip Code					
SIGNATURE Signature representations of Registration and the Appelloadies (NCOTTE Registration Re	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, spike of primate dame to degree as agree and tilled ill application. (NOTE: Registered Agent approach recorded Agent approach approach recorded Agent approach approach recorded Agent ap	Mandalosa Provident									
After May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-2IP  TIT	Signature, typed or printed name of legistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
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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.