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

## P98000001016 **DOCUMENT#**

1. Entity Name

SIGNATURE:

INTERNATIONAL REALTY AND DEVELOPMENT INC.



## **FILED** May 05, 2003 8:00 am Secretary of State 05-05-2003 90338 019 \*\*\*150.00

| Principal Place of Business 1311 SOUTH PALM WAY LAKE WORTH FL 33460  Mailing Address 1311 SOUTH PALM WAY LAKE WORTH FL 33460  LAKE WORTH FL 33460  |  |                              |          |   |         |  |                         |                                    |  |
|--|--|------------------------------|----------|---|---------|--|-------------------------|------------------------------------|--|
| 2. Principal P   | Place of Business  | 3. Mailing Address           |          |   |         | 1 154(1941 114 18)61 16111 481(1 46111 8311) 581(1   |                         | 1 14 0 4 0 <b>0</b> 1 14 1 1 0 0 1 |  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.          |          |   |         | ☐ CHECK HERE IF MAKING CHANGES   |                         |                                    |  |
| City & Stat  | е  | City & State                 |          |   | 4.      | FEI Number 65-0827315  | <b>⊢</b>                | pplied For<br>lot Applicable       |  |
| Zip  | Country  | Zip                          | Cour     | ntry  | 5.      | 5. Certificate of Status Desired   |                         |                                    |  |
| 6. Name and Address of Current Registered Agent  |  |                              |          | 7. Name and Address of New Registered Agent |         |  |                         |                                    |  |
| SHARPE, LORETTA  |  |                              |          | Name  |         |  |                         |                                    |  |
|  |  | Street Address (             |          |   | (P.O. E | P.O. Box Number is Not Acceptable)   |                         |                                    |  |
|  | JTH PALM WAY   |                              |          |   |         |  |                         |                                    |  |
| LAKE WORTH FL 33460  |  |                              |          |   |         |  |                         |                                    |  |
|  |  |                              | City     |   |         | FL   | Zip Cod                 | de                                 |  |
| 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.'  [  | <b>\$5.</b> 0<br>□ Adde | 00 May Be<br>d to Fees             |  |
| 10.  | 10. OFFICERS AND DIRECTORS 11.                                     |                              |          |   | ΑC      | DDITIONS/CHANGES TO OFFICERS AN  | D DIRECTOR              | RS IN 11                           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | D<br>Sharpe, Loretta<br>1311 South Palm Way<br>Lake Worth Fl 33460 |                              |          | i   |         |  | ☐ Change                | Addition                           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIPY   | Š.   |                              |          | I   |         |  | ☐ Change                | ☐ Addition                         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete                     |          | 1   |         |  | ☐ Change                | Addition                           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete                     |          | l l   |         |  | ☐ Change                | ☐ Addition                         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete                     |          |   |         |  | Change                  | ☐ Addition                         |  |
| TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP   |  | ☐ Delete                     | CITY     | E<br>Et address<br>-st-zip                  |         |  | ☐ Change                | Addition                           |  |
| indicated  | on this report or supplemental report is                           | true and accurate and that m | y signat | ture shall have the                         | same    | 119.07(3)(i), Florida Statutes. I further ce<br>legal effect as if made under oath; that I<br>ida Statutes; and that my name appears | am an office            | r or director                      |  |