

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90027 037 ***150.00

DOCUMENT # P98000020585

1. Entity Name
CORPORATE REAL ESTATE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**9419 120TH WAY NORTH
 SEMINOLE FL 33772**

**9419 120TH WAY NORTH
 SEMINOLE FL 33772**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11590 Seminole Blvd.

11590 Seminole Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A-13

Suite A-13

City & State

City & State

Largo, FL

~~Seminole, FL~~ **Largo, FL**

4. FEI Number **59-3552113**

Applied For

Not Applicable

Zip **33778**

Country **USA**

Zip **33778**

Country **USA**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HINES, J. BRADFORD
 9800 4TH STREET NORTH
 SUITE 403
 ST. PETERSBURG FL 33702**

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.

SIGNATURE

Denning R. Andrews

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D ANDREWS, DENNING R	<input type="checkbox"/> Delete
STREET ADDRESS	9419 120TH WAY NORTH	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE NAME	TS ANDREWS, SHARON L	<input type="checkbox"/> Delete
STREET ADDRESS	9419 120TH WAY NORTH	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9720 Lake Seminole Dr. E.
CITY-ST-ZIP	Largo, FL 33773
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9720 Lake Seminole Dr. E.
CITY-ST-ZIP	Largo, FL 33773
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Denning R. Andrews*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01
 Date

727 394 2677
 Daytime Phone #

CR2E034 (10/00)