

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

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

03-05-2003 90044 045 ***150.00

DOCUMENT # P98000020585

1. Entity Name
CORPORATE REAL ESTATE MANAGEMENT, INC.



Principal Place of Business
**11590 SEMINOLE BLVD
SUITE A-13
LARGO FL 33778**

Mailing Address
**11590 SEMINOLE BLVD
SUITE A-13
LARGO FL 33778**



2. Principal Place of Business
9720 Lake Seminole Dr E

3. Mailing Address
9720 Lake Seminole Dr E

City & State
Largo

City & State
Largo

4. FEI Number **59-3552113**

Applied For
Not Applicable

Zip **33773** Country **USA**

Zip **33773** Country **USA**

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **ANDREWS, DENNING R**
STREET ADDRESS **9720 LAKE SEMINOLE DR. E.**
CITY-ST-ZIP **LARGO FL 33773**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TS** Delete
NAME **ANDREWS, SHARON L**
STREET ADDRESS **9720 LAKE SEMINOLE DR. E.**
CITY-ST-ZIP **LARGO FL 33773**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

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TITLE Change 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: **SIG DENNING R ANDREWS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03 **727 392 7492**
Date Daytime Phone #

CR2E034 (10/02)