

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000021354**

1. Entity Name  
**WWW.REALTY, INC.**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
04-25-2001 90078 024 \*\*\*150.00

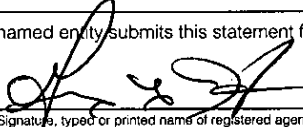
Principal Place of Business Mailing Address  
~~P.O. BOX 531280~~  
~~JACKSONVILLE FL 32255~~  
**3832-7 BAYMEADOWS RD**  
**JACKSONVILLE, FL 32217**  
~~P.O. BOX 531280~~  
~~JACKSONVILLE FL 32255~~  
**3832-7 BAYMEADOWS RD**  
**JACKSONVILLE, FL 32217**

2. Principal Place of Business 3. Mailing Address  
**3832 BAYMEADOWS RD** **9231 S. BEAULIERC WOOD LN**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 7**

City & State City & State  
**JACKSONVILLE FL** **JACKSONVILLE FL**  
Zip Country Zip Country  
**32217** **FL** **32257** **FL**

4. FEI Number **59-3500333** Applied For  
Not Applicable  
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  
~~ANSBACHER, LAWRENCE V~~ **GARY L. HARLOW**  
~~5750 SELFORT ROAD~~ **9231 S. BEAULIERC WOOD LN.**  
~~BLDG 100~~ **JACKSONVILLE, FL**  
~~JACKSONVILLE FL 32256~~ **32257**  
Name **GARY L. HARLOW**  
Street Address (P.O. Box Number is Not Acceptable) **9231 S. BEAULIERC WOOD LN**  
City **JACKSONVILLE** FL Zip Code **32257**

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  DATE **4/19/01**  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	<b>PSDT</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARLOW, GARY L</b>	NAME	
STREET ADDRESS	<b>9321 BEAULIERC WOODS LANE SO</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE **2/14/01** DAYTIME PHONE # **904 739 8353**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)