FILED
Jul 09, 2003 8:00 am
Secretary of State
07-09-2003 90032 041 ***150.00
04-15-2003 90295 001 *1,050.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025118

1. Entity Name
ASSET REALIZATION OF DUVAL COUNTY, INC.

[redacted]

Principal Place of Business	Mailing Address
5401 WEST KENNEDY BLVD SUITE 751	% JOEL B. GILES
TAMPA FL 33609	P.O. BOX 2861
	ST. PETERSBURG FL 33731-2861

2. Principal Place of Business		3. Mailing Address	
		c/o Greg Morris	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2325 Ulmerton Rd., Ste. 20	
City & State		City & State Clearwater, FL	
Zip	Country	Zip 33762	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE ☐ 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
GILES, JOEL B	Gregory D. Morris
200 CENTRAL AVENUE SUITE 2300	2325 Ulmerton Road, Suite #20
ST PETERSBURG FL 33701	Clearwater, FL 33762

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] 5/27/03
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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WOOD, RENE M		NAME		
STREET ADDRESS	5401 WEST KENNEDY BLVD SUITE 751		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MARRIS, GREG		NAME	Morris, Gregory D.	
STREET ADDRESS	2328 ULMERTON RD STE 20		STREET ADDRESS	2325 Ulmerton Rd, Ste 20	
CITY-ST-ZIP	CLEARWATER FL 33762		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] April 11, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Rene' M. Wood, President Daytime Phone #