

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90552 019 ***150.00

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1. Entity Name
TAX FREE EXCHANGE REAL ESTATE SERVICES, INC.



Principal Place of Business
**601 E TWIGGS STREET
SUITE 200
TAMPA FL 33602**

Mailing Address
**601 E TWIGGS STREET
SUITE 200
TAMPA FL 33602**

70013132



2. Principal Place of Business
3821 Henderson Blvd.

3. Mailing Address
Same

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Tampa FL

City & State

4. FEI Number **59-3501350**

Applied For
 Not Applicable

Zip
33629

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

REIBER, SAM I
601 E TWIGGS STREET
SUITE 200
TAMPA FL 33602

3821 Henderson Blvd.
Tampa, FL 33629

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PELT, JT 601 E TWIGGS ST. TAMPA FL 33602 <i>3821 Henderson Blvd.</i> <i>Tampa FL 33629</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHARER, JANET 601 E TWIGGS ST. TAMPA FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDREIBER REIBER, SAM 601 E TWIGGS ST TAMPA FL 33602 <i>3821 Henderson Blvd.</i> <i>TAMPA FL 33629</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **REQUIRE** **1-6-03** **813-288-0420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)