08-18-2003 90166 003 ***150.00

Aug 18, 2003 8:00 am \$\frac{9}{8}\$ Secretary of State **FILED 2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

Mailing Address 4757 OLD STONE ROAD

P98000038132 **DOCUMENT #**

1. Entity Name

Principal Place of Business

4757 OLD STONE ROAD

THE REAL ESTATE STORE OF SARASOTA, INC.

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country 5. Certificate of Status Desired Applied For Not Applicable Zip Country Zip Country 5. Certificate of Status Desired See Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ULRICH, RICHARD A 2940 SOUTH TAMIAMI TRAIL SARASOTA FL 34233 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. The control of the purpose of changing its registered office or registered when reinstains) After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE DP REYNOLDS, WILLIAM GREG	SARASUIA P	L 34233		SAR	. SARASOTA FL 34233				•				
Suite, Apt. #, etc. City & State Country Societificate of Status Desired Status Desired Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Status Desired Status Desired Agent Status Desired Statu					•						A H ill ia		
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES	2. Principal F	Place of Busin	ness	3. Ma	3 Mailing Address								
City & State Country Country Country Country Country S. Certificate of Status Desired Sa. 75 Additional Fee Required 6. Name and Address of Current Registered Agent Name ULRICH, RICHARD A 2940 SOUTH TAMIAMI TRAIL SARASOTA FL 34233 City City S. 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 famillar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP NAME REYNOLDS, WILLIAM GREG	Zi / Illioipai i				o. Maning / doi:000								
Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required S8.75 Additional Fee Required Street Address of New Registered Agent Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt.	#, etc.		Suif	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Street Address of Name and Address of Current Registered Agent ULRICH, RICHARD A 2940 SOUTH TAMIAMI TRAIL SARASOTA FL 34233 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State DP MAKE DP REYNOLDS, WILLIAM GREG Sand Directors TILE NAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 1. (NOTE: Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent dignature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 May Be Added to Fees Added to Fees Added to Fees	City & Stat	te		City	City & State				G37U636U6U 				
ULRICH, RICHARD A 2940 SOUTH TAMIAMI TRAIL SARASOTA FL 34233 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 FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP REYNOLDS, WILLIAM GREG NAME	Zip		Country	Zip		Coun	Country		Certificate of Status Desired		5 Addit	tional	
ULRICH, RICHARD A 2940 SOUTH TAMIAMI TRAIL SARASOTA FL 34233 City 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 FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP REYNOLDS, WILLIAM GREG Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code (NOTE: Registered agent, or both, in the State of Florida. i am familiar with, and accept when reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS IN 11 TITLE DP REYNOLDS, WILLIAM GREG		6. Name	and Address of Current	Register	ed Agent		7.	Name and Address of New Registe	red Agent				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am famillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP Change Addition Change Addition							Name						
SARASOTA FL 34233 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, typed or printed name of registered agent and title if applicable. NAME NAME City FL Zip Code Zip Code Agent signature required agent, or both, in the State of Florida. I am familiar with, and accept with a company of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept with a company of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept with a company of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept with a company of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept with a company of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept with a company of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept with a company of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept with a company of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept with a company of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept with a company of the purpose							Street Address (P.O. Box Number is Not Acceptable)						
Example 2 City											——		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP Change Addition Addition REYNOLDS, WILLIAM GREG	SAHASUTA FL 34Z33												
the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP REYNOLDS, WILLIAM GREG NAME NAME REYNOLDS, WILLIAM GREG NAME NOTE: Registered Agent signature required when reinstating) PATE (NOTE: Registered Agent signature required when reinstating) PATE 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP REYNOLDS, WILLIAM GREG	£		•				City	City					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Part	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												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Part													
File Now!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP Delete TITLE NAME REYNOLDS, WILLIAM GREG 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition	SIGNATURE												
After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP Delete TITLE NAME REYNOLDS, WILLIAM GREG 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP Delete TITLE REYNOLDS, WILLIAM GREG Trust Fund Contribution. Added to Fees Trust Fund Contribution. Added to Fees			•						S. Election Campaign Financing	ı (\$5.00	Mav Be	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP		•	•										
TITLE DP Delete TITLE Change Addition NAME REYNOLDS, WILLIAM GREG NAME								- Al	DDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS	IN 11	
NAME REYNOLDS, WILLIAM GREG NAME				D		_	E						
	NAME					NAM	ie				-		
STREET ADDRESS 4757 OLD STONE ROAD STREET ADDRESS S							-						
CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP			A FL 34233			-						T + Million	
TITLE DVTS Delete TITLE Change Addition NAME REYNOLDS, SHERRI T			IS SHERRIT		∟ Delete					∟ ∪	ange	Addition	
STREET ADDRESS 4757 OLD STONE ROAD STREET ADDRESS		4757 OLD	STONE ROAD										
CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP	CITY-ST-ZIP						'-ST-ZIP						
TITLE Delete TITLE Change Addition	_	<u> </u>			☐ Delete					☐ Cha	ange	Addition	
NAME CYPTET ADDRESS								•					
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP													
TITLE Delete TITLE Change Addition					Delete	_				Ch	ange	☐ Addition	
NAME NAME	NAME	1					- 1			_		_	
STREET ADDRESS STREET ADDRESS		1											
CITY-ST-ZIP CITY-ST-ZIP	<u> </u>			<u>.</u>									
TITLE Delete TiTLE Change Addition NAME NAME					L_I Delete	1				∐ Cha	ange	Addition	
STREET ADDRESS STREET ADDRESS		1				1	ſ					[
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE Delete TITLE Change Addition	TITLE				☐ Delete	TITLE	E			☐ Cha	ange	Addition	
NAME NAME									·				
STREET ADDRESS CITY-ST-ZIP	1	1					- 1						
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		Cortify that the	e information supplied with	thie filing	does not qualify for			d in Section	110 07/2Vi) Florida Statutae I furtho	- cortify that	the inf	ermation	
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 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.	indicated of the cor	l on this repor rporation or th	t or supplemental report is ne receiver or trustee empo	s true and owered to	accurate and that me execute this report a	ny signat	ture shall hav	e the same	legal effect as if made under oath; the	at I am an o	fficer o	r director	

SIGNATURE:

Date

Daytime Phone #

90151048

*P9800038132

August 14, 2003

To Whom It May Concern,

The Real Estate Store of Sarasota, Inc., document #P98000038132, FEI #65-0838080, never received the first notice in January. I have been instructed by Doug at Internet Access to include this explanation along with our check for \$150.00.

Shana Mraz Administrative Assistant smraz@prudentialcascade.com