2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

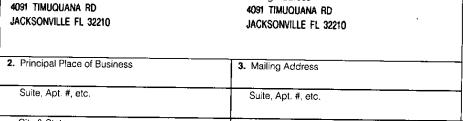
DOCUMENT #

P98000045581

1. Entity Name



REALTY AND IN	IVESTMENT, INC.	
rincipal Place of Business 1091 TIMUQUANA RD IACKSONVILLE FL 32210	Mailing Address 4091 TIMUQUANA RD JACKSONVILLE FL 32210	





2. Principal	Principal Place of Business Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		 ·	CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-3523528			Applied For	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	□ \$8.7	5 Additional equired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
SANKERS, GUS 6900 SOUHTPQINT DRIVE NORTH #250 JACKSONVILLE FL 32216		Name Street Addre						
			City				o Code	
8. The above the obliga SIGNATURE	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent ar		5 registered office or reg		in the State of Florida	a. 1 am familiar	with, and accept	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of			Trust	on Campaign Financi Fund Contribution.		\$5.00 May Be Added to Fees	
	OFFICERS AND D		11.	ADDITIONS/CH	IANGES TO OFFICER	RS AND DIREC	TORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	D SANKERS, GUS 4091 TIMU OUANA RD JACKSONVILLE FL 32210	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	ange Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chai	nge 🔲 Addition	

12. I hereby certify that the information supplied with this filling 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 his 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #