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2000 UNIFORM BUSINESS REPORT (UBR)∜€ DOCUMENT # **P98000046105** FILED FINANCIAL REALITY, INC. 00 FEB 15 PM 2: 01 Mailing Address Principa Place of Business SECRETARY OF STATE 3840 WEST HILLSBORD BOULEVARD 3840 WEST PILLSBORO BOULEVARD TALLAHASSEE, FLORIDA DEERFIELD FL 33442 9498 DEERFIELD FLX33442 3. Mailing Address 2. Principal Place of Business 3275 WEST HILLSBORD BUNA 3275 WEST HILLS BOLD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Str STE 110 Applied For City & State City & State 4. FEI Number APPLIED FOR traffic or Not Applicable DEENFIELD DEELFIELD Country \$8.75 Additional 5. Certificate of Status Desired ろろそ Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COLEMAN COLEMAN, ANTHONY GAR Street Address (P.O. Box Number is Not Acceptable) 3840 WEST HILLSBORG BOULEVARD WEST HILLSBOND DEERFIELD FL 33442 Zip Code **ろろソソ**ユ 8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE TE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DIRECTOR PRESIDENT Change TITLE ☐ Delete TITI F EISENBERG, MARGARET EISENBERG, MARGARET W NAME NAME 3275 WEST HILLSSOND BOULEUM STREET ADDRESS STREET ADDRESS 3840 WEST HILLSBORO BOULEVARD CITY-ST-ZIP DEENFIELD, 33442 CITY-ST-ZIP **DEERFIELD FL 33442** Change TITLE ☐ Defete TITLE NAME NAME 900003136109--1 STREET ADDRESS STREET ADDRESS -02/15/00--01091--001 CITY-ST-ZIP CITY-ST-ZIP <u>****150_00</u>
☐ Change ☐ Ad TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete 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 nt with an address, with all other like empowered. changed, or on an attach

SIGNATURE

SIGNATURE AND TYPED OR PRINTER

NAME OF SIGN