## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P9800056567 Jan 12, 2001 8:00 am Secretary of State 1. Entity Name REALTWIN, INC. 01-12-2001 90015 047 \*\*\*150.00 Mailing Address Principal Place of Business 1621 GULF BLVD #206 1621 GULF BLVD #206 CLEARWATER FL 33767 CLEARWATER FL 33767 COUCEOUS 2. Principal Place of Business Bluel 3. Mailing Address 1621 GULF Bhyd 1621 Gul DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 2.M. Gity & State Applied For 4. FEI Number 59-3519753 Not Applicable **=** 1.48 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROSSI, DENISE Street Address (P.O. Box Number is Not Acceptable) 1621 GULF BLVD #205 606 CLEARWATER FL 33767 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State **=** 50 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Change Addition ☐ Delete TITLE ROSSI, DENISE NAME NAME 1621 GULF BLVD #296 605 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33767** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete ROSSI, DONNA NAME NAME 1621 GULF BLVD ### 605 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33767 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS = 9 7517 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **--** (62) ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Channe ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not quality 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 changed, or on an attachment w an address, with all other like empowered. SIGNATURE:

OFFICER OR DIRECTOR