

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000071370

FILED
Apr 23, 2003
Secretary of State

Entity Name: REAL PROPERTY SOLUTIONS GROUP, INC.

Current Principal Place of Business:

8443 BAYMEADOWS RD
JACKSONVILLE, FL 32256

New Principal Place of Business:

1628 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

Current Mailing Address:

8443 BAYMEADOWS RD
JACKSONVILLE, FL 32256

New Mailing Address:

1628 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

FEI Number: 59-3562615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COYLE, TERENCE A
8443 BAYMEADOWS RD
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

BACH, ELIZABETH
1628 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 US

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.

SIGNATURE: ELIZABETH BACH

04/23/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COYLE, TERENCE A
Address: 8443 BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: STD () Delete
Name: MAHONEY, KENNETH J
Address: 8443 BAYMEADOWS RD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: V (X) Delete
Name: GRAF, JEFFREY
Address: 8443 BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: MCANALLEN, THOMAS W
Address: 8443 BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Delete
Name: SUMMERS, VICTOR B
Address: 8443 BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: V (X) Delete
Name: BACH, ELIZABETH
Address: 8443 BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BACH, ELIZABETH
Address: 1628 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH J. MAHONEY

S

04/23/2003

Electronic Signature of Signing Officer or Director

Date