## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P98000075814 Sep 14, 2000 8:00 am Secretary of State 1. Entity Name REALSEARCH, INC. 09-14-2000 90015 030 \*\*\*550.00 Principal Place of Business Mailing Address 3912 APPLEGATE CIRCLE 3912 APPLEGATE CIRCLE BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address 206 MILLENNIUM PKW 206 MILLENNIUM PKW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2011 2011 City & State Applied For Čity & State 4. FEI Number 59-3533698 Not Applicable RANDON Country Country \$8.75 Additional 5. Certificate of Status Desired U5A 5 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRENZ, CHUCK Street Address (P.O. Box Number is Not Acceptable)\_\_\_ 3912 APPLEGATE CIRCLE **BRANDON FL 33511** City 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. SIGNATURE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **DPST** ☐ Addition Delete TITLE TITLE NAME J FRENZ, CHUCK NAME 3912 APPLEGATE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Change ☐ Addition 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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF CHRECTOR

9/12/00 (8/6) 6/61-7755 Daylone Phone W