

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079715

1. Entity Name

REALTY BROKERS, INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90213 034 ***158.75

Principal Place of Business

250 TROPICAL SHORES WAY
FT MYERS BEACH FL 33931

Mailing Address

250 TROPICAL SHORES WAY
FT MYERS BEACH FL 33931

2. Principal Place of Business

3. Mailing Address

12121 FAIRWAY ISLES DR.
Suite, Apt. #, etc.

12121 FAIRWAY ISLES
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS FLORIDA

City & State

FT. MYERS, FLORIDA

4. FEI Number

65-0866094

Applied For

Not Applicable

Zip

33913

Country

USA

Zip

33913

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHENKO, WILLIAM E JR
2801 ESTERO BLVD., SUITE C
FORT MYERS BEACH FL 33931-4132

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$158.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS KOVACS, FRANK C
CITY-ST-ZIP 250 TROPICAL SHORES WAY
FT MYERS BEACH FL 33931

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME 12121 FAIRWAY ISLES DR.
STREET ADDRESS FT. MYERS FL 33913
CITY-ST-ZIP KOVACS, FRANK C (DIRECTOR)

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK C KOVACS

Date

1/25/01

Daytime Phone #

941-768-2551

CR2E034 (10/00)