

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088440

1. Entity Name

NEW REALTY SOLUTIONS, INC

Principal Place of Business

112 S. APOPKA AVENUE
INVERNESS FL 34452

Mailing Address

112 S. APOPKA AVENUE
INVERNESS FL 34452

2. Principal Place of Business

1840 Hwy 44 W

3. Mailing Address

1840 Hwy 44 W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INVERNESS, FL

City & State

INVERNESS, FL

Zip

34453

Country

USA

Zip

34453

Country

USA

4. FEI Number

APPLIED FOR

59-3630592

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANSERVINO, SHIRLEY
112 S. APOPKA AVENUE
INVERNESS FL 34452

7. Name and Address of New Registered Agent

Name

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

1840 Hwy 44 W

City

INVERNESS, FL

FL

Zip Code

34453

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

Shirley Sanservino

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 \$150.00
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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SANSERVINO, SHIRLEY**
CITY-ST-ZIP **6506 E. MOCKINGBIRD LANE**
INVERNESS FL 34452

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Shirley Sanservino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01

Date

352-
637-3126

Daytime Phone #

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90190 045 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)