

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90045 032 \*\*\*150.00

**DOCUMENT # P98000102335**

1. Entity Name  
**REALTY TEAM, INC.**  
 301 SW PORT ST LUCIE BLVD. STE 202  
 PORT ST LUCIE FL 34984

Principal Place of Business  
**201 SW PORT ST LUCIE BLVD. STE 202**  
**PORT ST LUCIE FL 34984**

Mailing Address  
**201 SW PORT ST LUCIE BLVD. STE 202**  
**PORT ST LUCIE FL 34984**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1680 SW Bayshore Bl**

3. Mailing Address  
**1532B NW Amherst Dr**

Suite, Apt. #, etc.  
**Suite 115**

Suite, Apt. #, etc.  
**Room 115**

City & State  
**Port St Lucie, FL**

City & State  
**Port St Lucie FL**

4. FEI Number  
**65-0882853**

Applied For:  
☒ Not Applicable

Zip  
**34984**

Country  
**St. Lucie**

Zip  
**34986**

Country  
**St. Lucie**

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

**BRENNAN, MARCY**  
**352 NW BENTLEY CIRCLE**  
**PORT ST LUCIE FL 34986**

Name  
**Brennan, Marcy**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1532B NW Amherst Dr.**  
 City  
**Port St Lucie FL** **FL** **34986**

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 *M Brennan*

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, 2002 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  
**D**  
 NAME  
**BRENNAN, MARCY**  
 STREET ADDRESS  
**352 NW BENTLEY CIR**  
 CITY-ST-ZIP  
**PORT ST LUCIE FL 34986**

TITLE  
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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: *M Brennan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)