

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90680 008 ***150.00

DOCUMENT # P98000107819

1. Entity Name

Unreal Properties Inc



Principal Place of Business

Mailing Address

2. Principal Place of Business

22523 Willow Lakes Dr

3. Mailing Address

22523 Willow Lakes Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz Florida

City & State

Lutz Florida

Zip

33549

Country

US

Zip

33549

Country

US

4. FEI Number

59-3548594

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

90052193

6. Name and Address of Current Registered Agent

Gregory Carbonaro
22523 Willow Lakes Dr.
Lutz, Florida 33549

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	Gregory Carbonaro	
STREET ADDRESS	22523 Willow Lakes Dr	
CITY-ST-ZIP	Lutz, Florida 33549	
TITLE	VIS	<input type="checkbox"/> Delete
NAME	Patricia Carbonaro	
STREET ADDRESS	22523 Willow Lakes Dr.	
CITY-ST-ZIP	Lutz Florida 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X Gregory Carbonaro

G Carbonaro, Pres

3/4/03

CR2E034 (10/02)