

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001843

1. Entity Name

REALTY EXCHANGE SERVICES, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90090 023 ***150.00

Principal Place of Business

Mailing Address

205 E. BELVEDERE
LAKELAND FL 33803

205 E. BELVEDERE
LAKELAND FL 33803-2215

2. Principal Place of Business

3. Mailing Address

Lakeland FL

1906 S. Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lakeland, FL

Lakeland, FL

Zip 33803

Country US

Zip 33803

Country US

4. FFL Number

59-3561081

Applied For

Not Applicable

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

MORRISON, CATHY
205 E. BELVEDERE
LAKELAND FL 33803

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 \$150.00
After MAY 1, 2000 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 DP
NAME MORRISON, CATHY
STREET ADDRESS 205 E. BELVEDERE
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

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

TITLE VST
NAME MORRISON, CATHY
STREET ADDRESS 205 E. BELVEDERE
CITY-ST-ZIP LAKELAND FL 33803 ☒ Delete

TITLE VST
NAME Richard A Morrison
STREET ADDRESS 205 E Belvedere St
CITY-ST-ZIP Lakeland, FL 33803 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

3/23/00 863-413-0555

CR2E034 (9/99)