

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 04, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000006391**

1. Entity Name  
**REALTYNET, INC.**

Principal Place of Business 520 N RIVERWOOD AVE  DAYTONA BEACH FL 32114	Mailing Address 520 N RIVERWOOD AVE  DAYTONA BEACH FL 32114
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2. Principal Place of Business 520 N RIDGEWOOD AVE  Suite, Apt. #, etc.	3. Mailing Address 520 N RIDGEWOOD AVE  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State DAYTONA BEACH FL	City & State DAYTONA BEACH FL	4. FEI Number <b>59-3558565</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 32114	Country	Zip 32114	Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HALIFAX REALTY, INC.**  
 520 N RIVERWOOD AVE  
  
 DAYTONA BEACH FL 32114

**7. Name and Address of New Registered Agent**

Name  
**HALIFAX REALTY, INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
 520 N RIDGEWOOD AVE  
  
 City  
 DAYTONA BEACH FL Zip Code  
 32114

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 \_\_\_\_\_ DATE **01/04/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD VOLKER BRUNO 520 N RIVERWOOD AVE DAYTONA BEACH FL 32114 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VOLKER BRUNO 520 N RIDGEWOOD AVE DAYTONA BEACH FL 32114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: BRUNO VOLKER** **PRES** **01/04/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)