

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91525 043 \*\*\*150.00

DOCUMENT # P99000013161  
1. Entity Name  
TONY LEMOS REALTY, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>1250 NE 38 Street</u> Suite, Apt. #, etc.		3. Mailing Address <u>1250 NE 38 Street</u> Suite, Apt. #, etc.	
City & State		City & State <u>OAKLAND PARK, FL</u>	
Zip	Country	Zip	Country
		<u>33334-4558</u>	

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0899739</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>GLORIA A. Wetherington</u>
Street Address (P.O. Box Number is Not Acceptable) <u>3320 NE 18 TERRACE</u>
City <u>OAKLAND PARK</u>
State <u>FL</u>
Zip Code <u>33306-1008</u>

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 Gloria A. Wetherington  
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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 <u>President</u>	NAME <u>GLORIA A. Wetherington</u>	TITLE	
STREET ADDRESS <u>3320 NE 18 TERR</u>	CITY-ST-ZIP <u>OAKLAND PARK, FL 33306-1008</u>	STREET ADDRESS	
TITLE <u>VP</u>	NAME <u>TONI Mc. Cormick</u>	TITLE	
STREET ADDRESS <u>4814 KUMQUAT DRNE</u>	CITY-ST-ZIP <u>TAMALAC, FL 33319</u>	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other, like empowered.

SIGNATURE: Gloria A. Wetherington  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gloria A. Wetherington  
President

4/12/02  
Date

954-563-1031  
Daytime Phone #

CR2E034B (12/01)