

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**  
 05-05-2002 90309 044 \*\*\*150.00

0445765 AV

**DOCUMENT # P99000026673**

1. Entity Name  
**YOUR NEIGHBORHOOD REALTY, INC.**

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Principal Place of Business  
**2819 BEACH BLVD. SOUTH  
 GULFPORT FL 33707**

Mailing Address  
**2819 BEACH BLVD. SOUTH  
 GULFPORT FL 33707**

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2. Principal Place of Business  
**2435 CENTRAL AVE**

Suite, Apt. #, etc.

3. Mailing Address  
**2435 CENTRAL AVE**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**ST. PETERSBURG**

Zip  
**33713**

Country  
**USA**

4. FEI Number  
**59-3563278**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**LONGSTRETH, BRIAN W  
 2819 BEACH BLVD. SOUTH  
 GULFPORT FL 33707**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2435 CENTRAL AVE**  
 City **ST PETERSBURG** FL Zip Code **33713**

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: Brian W Longstreth, **BRIAN W. LONGSTRETH, PRESIDENT** 4/19/02  
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 NAME STREET ADDRESS CITY-ST-ZIP	DP LONGSTRETH, BRIAN W 2819 BEACH BLVD. SOUTH GULFPORT FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2435 CENTRAL AVE ST. PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LONGSTRETH, BRIAN W 2819 BEACH BLVD. SOUTH GULFPORT FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Brian W Longstreth, **BRIAN W. LONGSTRETH PRESIDENT** 4/19/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 337-321-1734

CR2E034 (9/01)