## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000029818

1. Entity Name

FIRST REALTY, INC.

Principal Place of Business

Mailing Address

..... N. ATLANTIC AVE

5340 N. ATLANTIC AVE

## 1000 BEACH FL 32931 COCOA BEACH FL 32931-3769 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\nabla$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STOTTLER, RICHARD H JR Street Address (P.O. Box Number is Not Acceptable) 8680 N. ATLANTIC AVE CAPE CANAVERAL FL 32920 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11.

**FILED** Apr 27, 2000 8:00 am Secretary of State

04-27-2000 90003 044 \*\*\*158.75

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAILEY, STEVE 5340 N. ATLANTIC AVE COCOA BEACH FL 32931	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STOTTLER, RICHARD H JR. 8680 N. ATLANTIC AVE CAPE CANAVERAL FL 32920	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	NAME STREET ADDRESS -	DS DEEVERS JUDITH C 8680 N ATLANTIC AVE CAPE CANAVERAL FL 32920	☐ Change	Addition <b>XX</b>
TITLE _ NAME STREET ADDRESS CITY-ST-ZIP		Delete — —	NAME STREET ADDRESS CITY-ST-ZIP	CALL CARENCINAL PROPERTY.	Change	Addition (
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard H. UStottler, Jr., Pres.

4/17/00

Daytime Phone #

321-783-1320