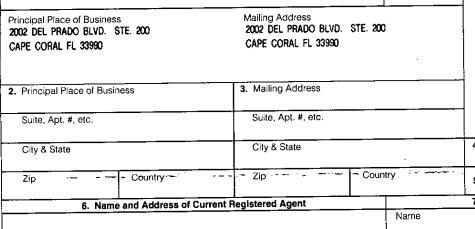
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90238 028 \*\*\*150.00

DOCUMENT #	P99000042296	
. Entity Name  AND B REALTY INC.	OF SOUTHWEST FLORIDA	
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☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-0920634 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent MARION, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 828 S.W. 2ND AVE. CAPE CORAL FL 33991 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. Addition ☐ Change TITLE SOPT ☐ Delete TITLE MARION, ROBERT J NAME 2002 DEL PRADO BLVD. STE. 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33990 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST\_ZIP\_ CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Detete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition [7] Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if with all other like empowered changed, or on an attachment with an address,

R 10 V . MA R 10 W . 2 - 8 - 03 23 9 - 573 - 0072

ER OR DIRECTOR Date Daytime Phone #