

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
 05-03-2001 90036 027 \*\*\*150.00

UGS36/5

**DOCUMENT # P99000042534**

1. Entity Name  
**REAL ESTATE EXCHANGE SERVICES, INC.**

Principal Place of Business  
**2401 BAYSHORE BOULEVARD 307**  
**TAMPA FL 33629**

Mailing Address  
**2401 BAYSHORE BOULEVARD 307**  
**TAMPA FL 33629**

2. Principal Place of Business  
**212 N. BAY HILLS Blvd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**212 N BAY HILLS Blvd**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**SAFETY HARBOR FL**  
 Zip  
**34695**  
 Country  
**FLORIDA**

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 Zip  
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4. FEI Number **59-3574703**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**FINANCIAL FOUNDATIONS, INC.**  
**3150 SANDY RIDGE DRIVE**  
**CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name **MARGA SHEFMAN - NAPOLITANO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**212 N. BAY HILLS BLVD**  
 City **SAFETY HARBOR** FL Zip Code **34695**

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 **Marga Shefman Napolitano**  
 Signature, type or printed name of registered agent and title if applicable.

**4/26/01**  
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHEFMAN-NAPOLITANO, MARGA</b> <b>2401 BAYSHORE BOULEVARD 307</b> <b>TAMPA FL 33629</b>	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARGA SHEFMAN NAPOLITANO</b> <b>212 N. BAY HILLS BLVD</b> <b>SAFETY HARBOR FL 34695</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DAVID SHEFMAN</b> <b>218 N. BAY HILLS BLVD</b> <b>SAFETY HARBOR FL 34695</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PAULINE K. SHEFMAN</b> <b>218 N. BAY HILLS BLVD</b> <b>SAFETY HARBOR FL 34695</b>	<input type="checkbox"/> Change <input checked="" 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
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: **Marga Shefman Napolitano**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/01**  
 Date

Daytime Phone #

CR2E034 (10/00)