FILED
May 27, 2003 8:00 am
Secretary of State
05-02-2003 90231 038 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044900

1. Entity Name
RealNet of West Florida, inc

DO NOT WRITE IN THIS SPACE

[redacted]

2. Principal Place of Business	3. Mailing Address
3917 W. Kennedy Blvd	1249 N. Orange Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Fl	City & State: Orlando, Fl
Zip: 33609 Country: USA	Zip: 32804 Country: USA

55043962
DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3577996 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Barbara Freeman
Street Address (P.O. Box Number is Not Acceptable): 1249 N. Orange Ave
City: Orlando FL Zip Code: 32804

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: B Freeman   5/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	John Parrett	NAME	
STREET ADDRESS	1249 N. Orange Ave	STREET ADDRESS	
CITY-ST-ZIP	Orlando, Fl 32804	CITY-ST-ZIP	
TITLE	P, D, S	TITLE	
NAME	Greg VanderWel (VanderWEL)	NAME	
STREET ADDRESS	3917 W. Kennedy Blvd	STREET ADDRESS	
CITY-ST-ZIP	Tampa, Fl 33609	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: John Parrett   4/22/03   407-422-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #