

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

00119

DOCUMENT # **P99000054633**

03-27-2001 90060 050 ***150.00

1. Entity Name
REALTY EXPERTS USA, INC.

Principal Place of Business Mailing Address
2154 ROSSELLE ST **2154 ROSSELLE ST**
JACKSONVILLE FL 32204 **JACKSONVILLE FL 32204**

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1760 Shadowood Ln **1760 Shadowood Ln**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste 400 **Ste 400**

City & State City & State 4. FEI Number Applied For
Jacksonville **JACKSONVILLE** **59-3587162** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired... \$8.75 Additional Fee Required
32207 **USA** **32207** **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MANKEN, JAMES
2154 ROSSELLE ST
JACKSONVILLE FL 32204

Name
Manken, James
 Street Address (P.O. Box Number is Not Acceptable)
1760 Shadowood Lane, Ste 400
 City State Zip Code
Jacksonville **FL** **32207**

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: **JAMES MANKEN** DATE: **3-23-01**
Signature, typewritten printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete P MONKEN, JAMES 2154 ROSSELLE STREET JACKSONVILLE FL 32204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P MANKEN, James 1760 Shadowood Ln, Ste 400 JACKSONVILLE, FL 32207
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
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
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
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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: **JAMES MANKEN** DATE: **3-23-01** DAYTIME PHONE #: **904-396-0008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
president

CR2E034 (10/00)