2001 UNIFORM BUSINESS REPORT (UBR) Jun 08, 2001 8:00 am DOCUMENT #\P9900068233 **Secretary of State** 05-15-2001 90125 023 \*\*\*150.00 REALCO SERVICES, INC. Principal Place of Business Mailing Address 33 NORTH HAMPTON AVENUE 33 NORTH HAMPTON AVENUE ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For PPLIED FOR 59-3122 Not Applicable Žip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, MURRAY S Street Address (P.O. Box Number is Not Acceptable) 33 NORTH HAMPTON AVENUE ORLANDO FL 32803 Zip Code 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 Signature, typed or printed name of registered agent and title il applicable. (NOTE: Re Jistered Agent signature required when reinstating) DATE FILE NOW!!! IFEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE SMITH, MURRAY S NAME NAME STREET ADDRESS STREET ADORESS 33 NORTH HAMPTON AVENUE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Deletè TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME WME STREET ADDRESS STREET ADDRESS CITY-ST-709 DITY-ST-ZIP 13. 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 11 or Block 12 in changed, or on an attachment of the corporation of the corporation of the receiver of trustee empowered.

SIGNATURE:

MERCAY S. SMITH 4-30-01 (40"

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