

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078337

1. Entity Name

REAL ESTATE ASSET MANAGEMENT, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90064 026 ***158.75

Principal Place of Business

Mailing Address

7500 SUNSHINE SKYWAY LN UNIT 205
 ST PETERSBURG FL 33711

7500 SUNSHINE SKYWAY LN UNIT 205
 ST PETERSBURG FL 33711-4951



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7500 SUNSHINE SKYWAY LN.

7500 SUNSHINE Skyway Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #205

Suite #205

City & State

City & State

St. Petersburg, FL.

St. Petersburg, FL.

Zip

Country

Zip

Country

33711

USA

33711

USA

4. FEI Number

59 3594582

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUMPHREYS, MAUREEN A
 7500 SUNSHINE SKYWAY LN UNIT 205
 ST PETERSBURG FL 33711

Name

MAUREEN A. HUMPHREYS

Street Address (P.O. Box Number is Not Acceptable)

7500 SUNSHINE Skyway Ln. #205

City

St. Petersburg

FL

Zip Code

33711

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PRESIDENT
 MAUREEN A. HUMPHREYS
 7500 SUNSHINE SKYWAY LANE #205
 ST. PETERSBURG, FL. 33711

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAUREEN A. HUMPHREYS

4/15/2000

Date

727-865-2112

Daytime Phone #

CR2E034 (9/99)