

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-30-2000 90064 026 \*\*\*158.75

**DOCUMENT # P99000078337**

1. Entity Name  
**REAL ESTATE ASSET MANAGEMENT, INC.**

Principal Place of Business 7500 SUNSHINE SKYWAY LN UNIT 205 ST PETERSBURG FL 33711	Mailing Address 7500 SUNSHINE SKYWAY LN UNIT 205 ST PETERSBURG FL 33711-4951
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>7500 SUNSHINE SKYWAY LN.</b> Suite, Apt. #, etc. <b>Suite # 205</b> City & State <b>St. Petersburg, FL.</b> Zip <b>33711</b> Country <b>USA</b>	3. Mailing Address <b>7500 SUNSHINE Skyway Ln.</b> Suite, Apt. #, etc. <b>Suite # 205</b> City & State <b>St. Petersburg, FL.</b> Zip <b>33711</b> Country <b>USA</b>
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4. FEI Number <b>59 359 4582</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**HUMPHREYS, MAUREEN A**  
**7500 SUNSHINE SKYWAY LN UNIT 205**  
**ST PETERSBURG FL 33711**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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

*Handwritten in Block 12:*  
 PRESIDENT  
 MAUREEN A. HUMPHREYS  
 7500 SUNSHINE SKYWAY LANE #205  
 ST. PETERSBURG, FL. 33711

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, 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 Maureen A. Humphreys  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MAUREEN A. HUMPHREYS**

Date **4/15/2000** Daytime Phone # **727-865-2112**

CFR2E034 (9/99)