

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P99000078867

1. Entity Name

THE REAL ESTATE BOOK, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

02-03-2000 90018 047 ***150.00

Principal Place of Business

6300 D PINETREE AVE.
PANAMA CITY FL 32408

Mailing Address

6300 D PINETREE AVE.
PANAMA CITY FL 32408-3519

2. Principal Place of Business

4461 Bay Point Rd #461
Suite, Apt. #, etc.
461

3. Mailing Address

P O BOX 28318

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Panama City Beach, FL

City & State

Panama City Beach, FL

4. FEI Number

59-3604722

Applied For

Not Applicable

Zip

32411

Country

Bay

Zip

32411

Country

Bay

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

FLEET, H. BART
1201 EGLIN PARKWAY
SHALIMAR FL 32579

Name

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

City

FL

Zip Code

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 NAME STREET ADDRESS CITY-ST-ZIP | PSTD KIMMEL, DONALD PO BOX 217 SCOTT MS 38772 <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 | D NEWMAN, CARLENE R 4461 BAY POINT ROAD #461 PANAMA CITY BEACH, FL 32411 <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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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 of Donald Kimmel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2000

Date

Daytime Phone #

CR2E034 (9/99)