

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90233 007 ***150.00

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DOCUMENT # P99000079661

1. Entity Name

FIVE FIVE FIVE REALTY HOLDINGS, INC.



Principal Place of Business

**555 S FEDERAL HWY
STE 400
BOCA RATON FL 33432**

Mailing Address

**555 S FEDERAL HWY
STE 400
BOCA RATON FL 33432**

2. Principal Place of Business

**150 E. Palmetto Park Rd
Suite, Apt. #, etc.
Suite 330**

3. Mailing Address

**150 E. Palmetto Park Rd
Suite, Apt. #, etc.
Suite 330**

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. FEI Number

65-0951794

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KING, JAMES P
555 S FEDERAL HWY
STE 400
BOCA RATON FL 38432**

7. Name and Address of New Registered Agent

**Name KING, JAMES P
Street Address (P.O. Box Number is Not Acceptable)
150 E. PALMETTO PARK ROAD
SUITE 330
City BOCA RATON FL Zip Code 33432**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KING, JAMES P**
STREET ADDRESS **555 S FEDERAL HWY #400**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **S** ☐ Delete
NAME **SCHLUBACH, ANITA**
STREET ADDRESS **555 S FEDERAL HWY #400**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **KING, JAMES P**
STREET ADDRESS **150 E. PALMETTO PK RD, STE 330**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **S** ☒ Change ☐ Addition
NAME **SCHLUBACH, ANITA**
STREET ADDRESS **150 E. PALMETTO PK RD, STE 330**
CITY-ST-ZIP **BOCA RATON, FL 33432**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)