

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087143

1. Entity Name

FIVE TOWNS 1ST REALTY, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90014 004 ***158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
5425 PARK ST., NORTH. STE. 2W ST. PETERSBURG FL 33709		5425 PARK ST., NORTH. STE. 2W ST. PETERSBURG FL 33709-7042	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3601502	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARAUSKAS, ANDREW L ESQ. 5462 CENTRAL AVE. ST. PETERSBURG FL 33707	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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	TITLE	PT/SD
NAME	SZABRIES, HELENE K	NAME	SZABRIES, HELENE K
STREET ADDRESS	5425 PARK ST., NORTH, STE. 2W	STREET ADDRESS	5425 PARK ST NORTH, STE 2W
CITY-ST-ZIP	ST. PETERSBURG FL 33709	CITY-ST-ZIP	ST Petersburg, FL. 33709
TITLE	VD	TITLE	
NAME	SZABRIES, MANFRED M	NAME	
STREET ADDRESS	5425 PARK ST., NORTH, STE. 2W	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	SZABRIES, CYNTHIA D	NAME	
STREET ADDRESS	5425 PARK ST., NORTH, STE. 2W	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: HELENE K. SZABRIES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2000 727 546-3546
Date Daytime Phone #

CR2E034 (9/99)