

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90022 041 \*\*\*150.00

**DOCUMENT # P99000099088**

1. Entity Name  
**GET REAL HOLDING CORPORATION**

Principal Place of Business  
**10081 PARADISE BLVD.**  
**ST. PETERSBURG FL 33706**

Mailing Address  
**P. O. BOX 66715**  
**ST. PETERSBURG FL 33736-6715**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 16836**  
 Suite, Apt. #, etc.

City & State

Zip  
**33733**

Country

4. FEI Number  
**59-3608739**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**IRVING B. BERNHEIM, CPA**  
**424 CENTRAL AVE., SUITE 1000**  
**ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent  
 Name **Joseph A. Myers, CPA**  
 Street Address (P.O. Box Number is Not Acceptable) **801 West Bay Dr., Suite 200**  
 City **Largo** **FL** Zip Code **33770**

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 *Joseph A. Myers* (NOTE: Registered Agent signature required when reinstating) DATE **2/1/00**

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	<b>D</b> <b>BASS, KIMBERLEIGH A</b> <b>10081 PARADISE BLVD.</b> <b>ST. PETERSBURG FL 33706</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/S/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROOKS, MAIDA D</b> <b>10081 PARADISE BLVD.</b> <b>ST. PETERSBURG FL 33706</b>	<input checked="" 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

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: *Kimberleigh A. Bass* **1/27/00** **727-510-1857**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)