

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
 05-04-2001 90077 014 \*\*\*158.75

**DOCUMENT # S29689**

1. Entity Name  
**THE BUYER'S CHOICE REALTY, INC.**

Principal Place of Business

2700 N A1A  
 #1008  
 FT PIERCE FL 34949  
 US

Mailing Address

2700 N A1A  
 #1008  
 FT PIERCE FL 34949  
 US

2. Principal Place of Business

**258 SARATOGA Blvd. E.**

3. Mailing Address

**258 SARATOGA Blvd. E.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ROYAL PALM BEACH, FLORIDA**

City & State

**ROYAL PALM BEACH, FLORIDA**

Zip

**33411**

Country

**USA**

Zip

**33411**

Country

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WAMPNER, ANNAROSE**  
**2700 N A1A**  
**STE 1008**  
**FT PIERCE FL 34949**

Name

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

**258 SARATOGA Blvd. E.**

City **ROYAL PALM BEACH**

**FL**

Zip Code **33411**

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 *Annarose Wampner*

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, 2001 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	<b>PST</b>	<input type="checkbox"/> Delete
NAME	<b>WAMPNER, ANNAROSE</b>	
STREET ADDRESS	<b>2700 N A1A STE 1008</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WAMPNER, ANNAROSE</b>	
STREET ADDRESS	<b>2700 N A1A STE 1008</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P/S/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAMPNER, ANNAROSE</b>	
STREET ADDRESS	<b>258 SARATOGA Blvd. E.</b>	
CITY-ST-ZIP	<b>ROYAL PALM BEACH, FLORIDA 33411</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Annarose Wampner* **ANNAROSE WAMPNER** 4/27/01 561-333-4556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)