

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S57319

1. Entity Name

REALTY 100 GROUP USA, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90053 004 ***150.00

Principal Place of Business

2700 TAMPA RD
PLAM HARBOR FL 34684
US

Mailing Address

2700 TAMPA RD
PLAM HARBOR FL 34682-0804
US

2. Principal Place of Business

610 Kentucky Ave.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 804

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Crystal Beach, FL

City & State

Palm Harbor, FL

4. FEI Number

59-3125450

Applied For

Not Applicable

Zip

34681

Country

US

Zip

34682

Country

US

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

VALK, NEIL A.

2700 TAMPA RD 610 Kentucky Ave - P.O. Box 829
PLAM HARBOR FL 34684 Crystal Beach, FL
34681

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

3/24/00

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 PSTD ☐ Delete
NAME VALK, NEIL A.
STREET ADDRESS 2700 TAMPA RD
CITY-ST-ZIP PALM HARBOR FL

TITLE PSTD ☒ Change ☐ Addition
NAME Neil A. VALK
STREET ADDRESS 610 Kentucky Ave - P.O. Box 829
CITY-ST-ZIP Crystal Beach, FL 34681

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil A. VALK

Date

3/24/00

Daytime Phone #

727-781-7100

CB25234 (0/00)