## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 11, 2000 8:00 am Secretary of State **DOCUMENT # S71117** 1. Entity Name REAL SUB, INC. 04-11-2000 90254 001 \*\*\*372.50 Principal Place of Business Mailing Address PO BOX 407 1936 GEORGE JENKINS BOULEVARD LAKELAND FL 33802-0407 LAKELAND FL 33815 7080 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. G 00 B \censes Applied For City & State 4. FEI Number City & State 59-3079858 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BILLUPS, S. KEITH Street Address (P.O. Box Number is Not Acceptable) 1936 GEORGE JENKINS BOULEVARD LAKELAND FL 33815 Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible -FILE-NOW!!!-FEE-IS-\$150:00------10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE JENKINS, HOWARD M. NAME STREET ADDRESS STREET ADDRESS 1936 GEORGE JENKINS BLVD CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Change TITLE Addition ☐ Delete JENKINS, CHARLES H. JR. NAME NAME STREET ADDRESS 1936 GEORGE JENKINS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Change Addition DITE \_\_ Delete \_\_ \_ BILLUPS, S. KEITH NAME NAME STREET ADDRESS 1936 GEORGE JENKINS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Change ☐ Addition ☐ Delete TITLE TITLE PHILLIPS, DAVID P NAME STREET ADDRESS 1936 GEORGE JENKINS BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKELAND FL ☐ Change Addition TITLE D Delete TITLE FRAZIER, JOHN R NAME NAME STREET ADDRESS 1936 GEORGE JENKINS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daylurge Phone #