

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90229 040 ***150.00

DOCUMENT # S77945

1. Entity Name
MARKETING MASTERS REALTY, INC.



Principal Place of Business 6006 SW 18TH STREET SUITE B8 BOCA RATON FL 33433 US	Mailing Address 6006 SW 18TH STREET SUITE B8 BOCA RATON FL 33433 US
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2. Principal Place of Business 6018 SW 18th Street	3. Mailing Address 6018 SW 18th Street
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Suite, Apt. #, etc. Suite C-7	Suite, Apt. #, etc. Suite C-7
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City & State Boca Raton FL	City & State Boca Raton FL
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Zip 33433	Country USA	Zip 33433	Country USA
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4. FEI Number **65-0283084** Applied For Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent
**BOICE, YVONNE S
6006 SW 18TH STREET
SUITE B8
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
6018 SW 18th Street - Suite C-7
City **Boca Raton** State **FL** Zip Code **33433**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Yvonne S. Boice* **Yvonne S. Boice** DATE **3/19/03**
Signature of officer or director, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOICE, YVONNE S 6006 SW 18TH STREET SUITE B8 BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS BOICE LAUREN A 6006 SW 18TH STREET SUITE B8 BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	6018 SW 18th Street-Suite C-7 Boca Raton, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	6018 SW 18th Street-Suite C-7 Boca Raton, FL 33433
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"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Yvonne S. Boice* **Yvonne S. Boice, President** DATE **3/19/03** (561) 338-8443
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (10/02)