

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91563 017 ***150.00

DOCUMENT # S86692

1. Entity Name

ALL CENTRAL REALTY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
316 Woodland Avenue

Suite, Apt. #, etc.

3. Mailing Address
558 Crusade Circle

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Mary Esther, FL

City & State
Conway, SC

4. FEI Number
59-3087688

Applied For
Not Applicable

Zip
32569

Country
USA

Zip
29526

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Stufflebeam, Clyde

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

City Mary Esther **FL** **Zip Code** 32569

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 *Clyde Stufflebeam* Clyde Stufflebeam, President *Apr 16, 02*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE P D
NAME Stufflebeam, Clyde
STREET ADDRESS 316 Woodland Avenue
CITY-ST-ZIP Mary Esther, FL 32569

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IN THIS SPACE**

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 on an attachment with an address, with all other like employees.

SIGNATURE: *Clyde Stufflebeam* Clyde Stufflebeam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)