2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$92640

1. Entity Name

TOWN CENTER REAL ESTATE, INC.



FILED Mar 21, 2003 8:00 am E Secretary of State

03-21-2003 90126 005 ***150.00

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additing \$8.75 Additing \$8.75 Additing \$1.00 Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name MARK C. FILBURN ESQUIRE 221 NORTHEAST IVANHOE BLVD SUITE 205 ORLANDO FL 32804 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. I am familiar with, an the obligations of registering agent. SIGNATURE Signature lysed or primed agent and the application. (NOTE Registered Agent signature required when remastring) After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 TITLE MCCARTHA, PAULA ROSOW ITTLE NAME SIREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 TITLE MCCARTHA, OTHA R STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 TITLE MAKE SIREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 TITLE D Delete WINTER PARK FL 32789		O SERVER MEAN EDITALE, INC.			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired S. 75 Adddit Fee Required 6. Name and Address of Current Registered Agent Name MARK C. FILBURN ESQUIRE 221 NORTHEAST IVANHOE BLVD SUITE 205 ORLANDO FL 32804 City 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 digent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent. SIGNATURE Grantine, types or printed, game in guitared agent and site if applicable. NOTE Registered Agent signature incovered when recolaure) 9. Election Campaign Financing Trust Fund Contribution. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS II ITIE D MCCARTHA, PAULA ROSOW 1673 MAYFIELD AVE SIRET ADDRESS CITY-SI-ZP WINTER PARK FL 32789 TITLE D MCCARTHA, OTHA R 1673 MAYFIELD AVE WINTER PARK FL 32789 TITLE D MCCARTHA, OTHA R 1673 MAYFIELD AVE WINTER PARK FL 32789 TITLE D MCCARTHA, OTHA R 1673 MAYFIELD AVE WINTER PARK FL 32789 TITLE D MCCARTHA, OTHA R 1673 MAYFIELD AVE WINTER PARK FL 32789 TITLE D MCCARTHA, OTHA R 1673 MAYFIELD AVE WINTER PARK FL 32789 TITLE D Change TITLE MCCARTHA, OTHA R 1673 MAYFIELD AVE WINTER PARK FL 32789 TITLE D Change TITLE MCCARTHA, OTHA R 1673 MAYFIELD AVE WINTER PARK FL 32789	T DERIVED HE SEND HER SEND HER SEND BLOW BUT AND BUT A	BOX 1026	P. C WIN	1673 MAYFIELD AVE WINTER PARK FL 32789	
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Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additing Fee Required \$8.75 Additing Fee Required \$1. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARK C. FILBURN ESQUIRE 221 NORTHEAST IVANHOE BLVD SUITE 205 ORLANDO FL 32804 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. I am familiar with, an the obligations of registered agent and told a applicables. (NOTE Registered Agent signature required when remasting) After May 1, 2003 Fee will be \$55.0.0 After May 1, 2003 Fee will be \$55.0.0 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STREET ADDRESS (CITY-ST-ZIP WINTER PARK FL 32789) TITLE D CARTHA, OTHA R STREET ADDRESS (CITY-ST-ZIP WINTER PARK FL 32789) TITLE MAME STREET ADDRESS (CITY-ST-ZIP WINTER PARK FL 32789) TITLE MAME STREET ADDRESS (CITY-ST-ZIP WINTER PARK FL 32789) TITLE MAME STREET ADDRESS (CITY-ST-ZIP WINTER PARK FL 32789) TITLE MAME STREET ADDRESS (CITY-ST-ZIP WINTER PARK FL 32789) TITLE MAME STREET ADDRESS (CITY-ST-ZIP WINTER PARK FL 32789) TITLE MAKE STREET ADDRESS (CITY-ST-ZIP WINTER PARK FL 32789) TITLE MAKE STREET ADDRESS (CITY-ST-ZIP WINTER PARK FL 32789) TITLE MAKE STREET ADDRESS (CITY-ST-ZIP WINTER PARK FL 32789) TITLE MAKE STREET ADDRESS (CITY-ST-ZIP WINTER PARK FL 32789) TITLE MCCARTHA, OTHA R STREET ADDRESS (CITY-ST-ZIP WINTER PARK FL 32789) TITLE MCCARTHA, OTHA R STREET ADDRESS (CITY-ST-ZIP WINTER PARK FL 32789) TITLE MCCARTHA, OTHA R STREET ADDRESS (CITY-ST-ZIP WINTER PARK FL 32789) TITLE MCCARTHA, OTHA R STREET ADDRESS (CITY-ST-ZIP WINTER PARK FL 32789) TITLE MCCARTHA, OTHA R STREET ADDRESS (CITY-ST-ZIP CITY-ST-ZIP CIT	CHECK HERE IF MAKING CHANGES	Suite, Apt. #, etc.		Suite, Apt. #, etc.	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP	NAME STREE CITY-:		NAME STREET ADDRESS CITY-ST-ZIP	

2. Thereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OFFICER OF DIFFEREN

3/18/03

407 342-010

Daytime Phone

CHZEU34 (10/0Z)