

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90001 032 ***150.00

DOCUMENT # S93680

1. Entity Name
FLORIDA REALTY GROUP, INC.

Principal Place of Business

**780 10TH AVE S
 UNIT #25
 NAPLES FL 34102
 US**

Mailing Address

**PO BOX 770087
 N. NAPLES FL 34107-0087
 US**

2. Principal Place of Business

**6280 Wilshire Pines ^{Gr.}
 Suite, Apt. #, etc.
 # 903**

3. Mailing Address

**P.O. Box 770087
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
Naples, FL.

City & State
Naples FL.

4. FEI Number
65-0411971

Applied For
 Not Applicable

Zip
34109 Country
U.S.A.

Zip
34107 Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**SELBY, RONALD E
 780 10TH AVE S
 UNIT #25
 NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name **Ronald E. Selby**
 Street Address (P.O. Box Number is Not Acceptable) **6280 Wilshire Pines ^{CIRCLE}
 # 903**
 City **Naples** FL Zip Code **34109**

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 **Ronald E. Selby** **Ronald Selby** 4/10/2002
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SELBY, RONALD E. 133-C E. PALMETTO PARK ROAD BOCA RATON FL 33432 <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 type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SELBY, RONALD E. 6280 Wilshire Pines ^{Gr.} Naples, FL. 34107 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Ronald E. Selby** **Ronald E. Selby** 4/10/2002 941-248-5995
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)