FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**)

## Apr 28, 2003 8:00 am Secretary of State V26662 DOCUMENT # 04-28-2003 90326 013 \*\*\*158.75 1. Entity Name REALTEC GROUP, INC. Principal Place of Business Mailing Address 4175 WOODLANDS PKWY. 4175 WOODLANDS PKWY. PALM HARBOR FL 34685 PALM HARBOR FL 34685 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3115383 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRUBER JOAN M Street Address (P.O. Box Number is Not Acceptable) 4175 WOODLANDS PKWY PALM HARBOR FL 34685 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. -OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE. GRUBER, JOAN M. NAME NAME STREET ADDRESS 4175 WOODLANDS PKWY STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-7IP CITY-ST-ZIP TITLE SD ☐ Delete TITLE Change ☐ Addition NAME HIGHBERGER, JAMES H NAME 4175 WOODLANDS PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34685 CITY-ST-ZIP Delete TITLE [7] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 attac

SIGNATURE: