

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V57050

Entity Name
REAL PROPERTY SPECIALISTS, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State
02-15-2000 90060 044 ***150.00

Principal Place of Business Mailing Address
2124 WHISPER LAKES BLVD.
ORLANDO, FL 32837

Principal Place of Business 3. Mailing Address
2124 WHISPER LAKES BLVD.
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
ORLANDO, FL
Zip Country Zip Country
32837

812007

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WILLIAM E. MCEWAN, MARTINEZ, LUFF & DUKES, PA
38 E. CENTRAL BLVD.
ORLANDO, FL 32801

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

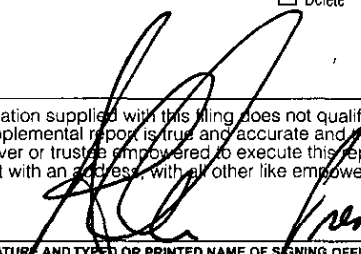
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PVST CHARRON, ALAN C. 2124 WHISPER LAKES BLVD. ORLANDO, FL 32837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  1-31-00 (407) 438-4575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #