## FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 10, 2001 8:00 am Secretary of State **DOCUMENT # G01481** STEPHEN G. REICH & ASSOCIATES, INC. 01-10-2001 90096 038 \*\*\*150.00 Mailing Address Principal Place of Business POST OFFICE BOX 181909 1416 TUSCA TRAIL **SUITE 1600** WINTER SPRINGS FL 32708 600013 CASSELBERRY FL 32718 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2218473 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REICH, STEPHEN G Street Address (P.O. Box Number is Not Acceptable) 1416 TUSCA TRAIL **SUITE 1600** WINTER SPRINGS FL 32708 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Change Addition TITLE ☐ Delete TITLE **PSD** NAME NAME REICH, STEPHEN G STREET ADDRESS STREET ADDRESS POST OFFICE BOX 181909 CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32718 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITI E NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 of 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

☐ Delete

STEPHEN 4. REICH, PRES. 1-4-01 407-695-2781

☐ Change

Addition

CR2E034 (10/00)