

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90026 004 ****61.25

DOCUMENT # N95000001914

1. Entity Name

REESE'S SUPPORT SERVICES INC.

Principal Place of Business

7614 SO. 35TH AVENUE
 TAMPA FL 33619

Mailing Address

7614 SO. 35TH AVENUE
 TAMPA FL 33619

DUL47400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REESE, LINDA
7614 SO. 35TH AVENUE
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Delete
NAME	REESE, ROBERT REV.	
STREET ADDRESS	7614 SO. 35TH AVENUE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Delete
NAME	REESE, LINDA	
STREET ADDRESS	7614 SO. 35TH AVENUE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Delete
NAME	JOHNSON, WILLIE M	
STREET ADDRESS	6903 CAMERON AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reese, Linda C	
STREET ADDRESS	7614 So. 35th Ave	
CITY-ST-ZIP	TAMPA, FLA. 33619	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reese, Robert Earl	
STREET ADDRESS	7614 So. 35th Ave	
CITY-ST-ZIP	Tampa, FLA. 33619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles, Willie M	
STREET ADDRESS	6903 Cameron Ave	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 617, 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: *Linda C. Reese* **LINDA C. Reese** 4-26-02 813-6217679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)