

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90096 049 ***150.00

DOCUMENT # 205397

1. Entity Name
REELSTONE DEVELOPMENT CORPORATION

Principal Place of Business C/O WHISPERING CREEK VILLAGE 2023 ST LUCIE BLVD. FORT PIERCE FL 34946	Mailing Address C/O WHISPERING CREEK VILLAGE 2023 ST LUCIE BLVD. FORT PIERCE FL 34946
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0815557	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOSHER, SHARON KAY
 4026 GREENWOOD DRIVE
 FORT PIERCE FL 34982**

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, BETTY N 1611 S. INDIAN RIVER DR. FT. PIERCE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KARLSON ANNA JANE 2023 ST LUCIE BLVD #285 FT PIERCE, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YATES, JOSEPH W JR 2815 SOUTH INDIAN RIVER DRIVE FT PIERCE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YATES, CLAYTON 1611 SOUTH INDIAN RIVER DRIVE FT PIERCE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSHER, SHARON K 4026 GREENWOOD DRIVE FT PIERCE F
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSHER, DALE T 1755 CODY LANE FT PIERCE FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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
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

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: Sharon K Mosher **Sharon K Mosher** 2-23-01 561-461-3620
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)