

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-09-2002 90017 050 ***150.00

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DOCUMENT # 302743

1. Entity Name
F.L. REVELL INC.

Principal Place of Business
107 E. MAIN ST.
WAUCHULA FL 33873
US

Mailing Address
POST OFFICE BOX 38
WAUCHULA FL 33873



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1165132**

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, PATRICIA A
107 EAST MAIN STREET
WAUCHULA FL 33873

Name **Gregory A Summers**

Street Address (P.O. Box Number is Not Acceptable)

107 E Main Street

City **Wauchula**

FL

Zip Code **33873**

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 *Gregory A Summers*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/02

9. 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, 2002 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **GRAHAM, PATRICIA A**
STREET ADDRESS **107 E MAIN ST**
CITY-ST-ZIP **WAUCHULA FL**

TITLE **Secretary/Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PST** ☐ Delete
NAME **REVELL JR, F L**
STREET ADDRESS **107 E. MAIN STREET**
CITY-ST-ZIP **WAUCHULA FL**

TITLE **Vice President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President** ☐ Change ☒ Addition
NAME **Gregory A Summers**
STREET ADDRESS **107 E. Main Street**
CITY-ST-ZIP **Wauchula, FL 33873**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Gregory A Summers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/02

863-773-3251

CR2E034 (9/01)