## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 05, 2001 8:00 am Secretary of State **DOCUMENT # 414184** 1. Entity Name R. E. SMALL CO., INC. 04-05-2001 90078 039 \*\*\*150.00 Principal Place of Business Mailing Address 120 SO. DIXIE HWY. 120 SO, DIXIE HWY. LAKE WORTH FL 33460 LAKE WORTH FL 33460 738204 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 59-1463371 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name - - - -SMALL, R K Street Address (P.O. Box Number is Not Acceptable) 120 S DIXIE HWY LAKE WORTH FL 33460 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Delete TITLE ☐ Change ■ Addition SMALL, R K NAME NAME 120 S DIXIE HWY STREET ADDRESS STREET ADDRESS LAKE WORTH, FL 00000 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition SMALL, YVONNE W NAME NAME 120 S. DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKE WORTH FL TITLE ☐ Delete Change \_\_\_.Addition MOORE, GEORGE N. NAME NAME 120 S. DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SMALL, ROBERT G NAME NAME 120 S DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 5, 2001

561582-4110

Daytime Phone #