

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 689143

1. Entity Name

REIDY, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90204 024 ***150.00

Principal Place of Business

790 E LEHIGH DR
P.O. BOX 5321
DELTONA FL 32728
US

Mailing Address

790 E LEHIGH DR
P.O. BOX 5321
DELTONA FL 32728-5321
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

790 E. Lehigh DR

Suite, Apt. #, etc.

790 E. Lehigh DR

City & State

Deltona, FL

City & State

Deltona FL

Zip

32738

Country

USA

Zip

32738

Country

V USA

4. FEI Number

59-2308868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HACHE-REIDY, HELGA
790 E LEHIGH DR
DELTONA FL 32738

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

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, 2000 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

TITLE	PST	<input type="checkbox"/> Delete
NAME	HACHE-REIDY, HELGA	
STREET ADDRESS	790 E. LEHIGH DR	
CITY-ST-ZIP	DELTONA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Sylvia Lohr	
STREET ADDRESS	790 E. Lehigh DR	
CITY-ST-ZIP	Deltona, FL 32738	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Joseph C. Spaulding	
STREET ADDRESS	790 E. Lehigh DR	
CITY-ST-ZIP	Deltona, FL 32738	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Helga Hache-Reidy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2000 407-574-0990
Date Daytime Phone #

Helga Hache-Reidy

CR2E034 (9/99)