

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90028 009 ***150.00

DOCUMENT # 689143

1. Entity Name

Reidy Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

790 E. Lehigh DR

3. Mailing Address

790 E. Lehigh DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DeHona

DeHona

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

32738

US

32738

US

4. FEI Number

59-2308868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Helga Hache-Reidy

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

City

790 E. Lehigh DR
DeHona

FL

Zip Code

32738

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
Hache-Reidy, Helga
790 E. Lehigh DR.
DeHona, FL 32738

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Lohr, Sylvia
790 E. Lehigh DR.
DeHona, FL 32738

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Spaulding, Joseph C.
790 E. Lehigh DR.
DeHona, FL 32738

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Helga Hache-Reidy

3-1-02

386-574-0990

CR2E034B (12/01)