

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 696611

1. Entity Name

D. REYNOLDS ENTERPRISES, INC.

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FILED

Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90012 026 ***400.00

06-22-2000 90002 036 ***150.00

Principal Place of Business

370 12TH AVE S
2ND FLOOR
NAPLES FL 34102
US

Mailing Address

370 12TH AVE S
2ND FLOOR
NAPLES FL 34102
US

2. Principal Place of Business

370-12TH Ave. So. 2nd Fl.

3. Mailing Address

Same

Suite, Apt. #, etc.

2nd Floor - 201

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

4. FEI Number

59-2148035

Applied For

Not Applicable

Zip

Country

34102

U.S.A

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, DORIS
370 12TH AVE S
NAPLES FL 34102

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

Doris Reynolds

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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES.
REYNOLDS, DORIS
370 12TH AVE S
NAPLES FL

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

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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 Block 12, changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

DORIS REYNOLDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/00 (941) 261-8000
Date Daytime Phone #