

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F16978

1. Entity Name

REYNOLDS CO., INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90026 033 ***150.00

Principal Place of Business

Mailing Address

5099 N. A-1-A
VERO BEACH FL 32963

5099 N. A-1-A
VERO BEACH FL 32963-1465

2. Principal Place of Business

5020 FAIRWAYS CR.

3. Mailing Address

5020 FAIRWAYS CR

Suite, Apt. #, etc.

J 106

Suite, Apt. #, etc.

J 106

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip

32967

Country

USA

Zip

32967

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2060188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, ROBERT
2165 15TH AVENUE
VERO BEACH FL 32960

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 PD
NAME REYNOLDS, LAWRENCE U
STREET ADDRESS 5099 N. A-1-A
CITY-ST-ZIP VERO BCH, FL 00000 ☐ Delete

TITLE SD
NAME REYNOLDS, DOLORES F
STREET ADDRESS 5099 N. A-1-A
CITY-ST-ZIP VERO BCH, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME REYNOLDS, LAWRENCE U.
STREET ADDRESS 5020 FAIRWAYS CR. J106
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE SD ☒ Change ☐ Addition
NAME REYNOLDS, DOLORES F.
STREET ADDRESS 5020 FAIRWAYS CR. J106
CITY-ST-ZIP VERO BEACH, FL 32967

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

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

TITLE ☐ Change ☐ Addition
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:

Lawrence U. Reynolds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LAWRENCE U. REYNOLDS 1-19-00 361-569-0037

CR2E034 (9/99)