

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90161 011 ***150.00

DOCUMENT # F34315

1. Entity Name
REAMS MANAGEMENT AND INVESTMENTS, INC.



Principal Place of Business
RT 1, BOX 500
C/O CAROLYN S REAMS
LAMONT FL 32336

Mailing Address
RT 1, BOX 500
C/O CAROLYN S REAMS
LAMONT FL 32336



2. Principal Place of Business

3. Mailing Address

11102 South SALT

11102 South SALT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

40 Carolyn S. REAMS

40 Carolyn S. REAMS

City & State

City & State

LAMONT FLORIDA

LAMONT FLORIDA

Zip

Zip

32336

32336

Country

Country

Jefferson

Jefferson

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3183577**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REAMS, CAROLYN S.

RT 1, BOX 500 11102 SOUTH SALT

LAMONT FL 32336

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **REAMS, CAROLYN S.**
STREET ADDRESS **RT 1 BOX 500 11102 SOUTH SALT**
CITY-ST-ZIP **LAMONT FL**

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

TITLE **STD** ☐ Delete
NAME **REAMS, LAURIE H.**
STREET ADDRESS **RT 1 BOX 500 11102 SOUTH SALT**
CITY-ST-ZIP **LAMONT FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Carolyn S Reams 2-28-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8-50-99** 7-5524

CR2E034 (10/02)