

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000153

1. Entity Name

C.T. REEVES, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90131 030 ***150.00

Principal Place of Business

Mailing Address

27844 TEMPLE TERRACE DRIVE
BONITAS SPRINGS FL 34135

27844 TEMPLE TERRACE DRIVE
BONITAS SPRINGS FL 34135-5741

2. Principal Place of Business

3. Mailing Address

5175 12th Ave SW

5175 12th Ave SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34116

Country

Collier

Zip

34116

Country

Collier

4. FEI Number

59-3529609

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME PCD
STREET ADDRESS REEVES, C.T.
CITY-ST-ZIP 27844 TEMPLE TERRACE DRIVE
BONITAS SPRINGS FL 34135

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME VST
STREET ADDRESS REEVES, MARCELLE
CITY-ST-ZIP 27844 TEMPLE TERRACE DRIVE
BONITAS SPRINGS FL 34135

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME D
STREET ADDRESS REEVES, MARCELLE
CITY-ST-ZIP 27844 TEMPLE TERRACE DRIVE
BONITAS SPRINGS FL 34135

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

Marcelle E. Reeves
Marcelle E. Reeves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00 941-354-2156

Date

Daytime Phone #

CR2E034 (9/99)