

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H26355

1. Entity Name

IRENE H. REESE, INC.

NEW ADDRESS:

Irene H. Reese, Inc.
5400 NW Emblem Street
Port St. Lucie, FL 34983
Telephone: 561-879-9198

Principal Place of Business

Mailing Address

2401 W. MIDWAY RD.
FT. PIERCE, FL 34981

2401 W. MIDWAY RD.
FT. PIERCE, FL 34981

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2476565

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

WHITLEY, THEL THOMAS, JR.
1102 DRIFTWOOD LN.
FT. PIERCE FL 34982

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, 2001-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	D	<input type="checkbox"/> Delete
NAME	REESE, IRENE H.	
STREET ADDRESS	2401 W. MIDWAY RD.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WHITLEY, THEL THOMAS	
STREET ADDRESS	5020 W. VIRGINIA DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEW ADDRESS: Irene H. Reese, Inc.	
STREET ADDRESS	5400 NW Emblem Street	
CITY-ST-ZIP	Port St. Lucie, FL 34983	
	Telephone: 561-879-9198	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEW ADDRESS: Irene H. Reese, Inc.	
STREET ADDRESS	5400 NW Emblem Street	
CITY-ST-ZIP	Port St. Lucie, FL 34983	
	Telephone: 561-879-9198	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)

0563494

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90027 012 ***150.00