

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90082 035 ***150.00

DOCUMENT # H78799

1. Entity Name

REESE JIMMY JIM EVERITT, INC.



Principal Place of Business

2518 HIGHWAY 77 STE B
LYNN HAVEN FL 32444

Mailing Address

2518 HIGHWAY 77 STE B
LYNN HAVEN FL 32444

2. Principal Place of Business

629 BAYWOOD DRIVE

Suite, Apt. #, etc.

3. Mailing Address

629 BAYWOOD DRIVE

Suite, Apt. #, etc.

City & State

LYNN HAVEN

City & State

LYNN HAVEN

4. FEI Number

59-2599266

Applied For

Not Applicable

Zip

32444

Country

FL

Zip

32444

Country

FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVERITT, REESE JIMMY

629 BAYWOOD DR.

LYNN HAVEN FL 32404

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

SIGNATURE

Signature, typed or printed name of registered agent.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-03

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

TITLE DPT ☐ Delete
NAME EVERITT, REESE JIMMY
STREET ADDRESS 2518 HWY 77, SUITE B
CITY-ST-ZIP LYNN HAVEN FL

TITLE VS ☐ Delete
NAME EVERITT, SARAH KAYE
STREET ADDRESS 2518 HWY 77, SUITE B
CITY-ST-ZIP LYNN HAVEN FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-03

850-265-2294

Date

Daytime Phone #

CR2E034 (10/02)