

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J06883

1. Entity Name

R.E.T., INC.

R

Principal Place of Business

Mailing Address

2. Principal Place of Business

6260 18th Ave N.W.

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34119

Country

USA

3. Mailing Address

6017 PINE RIDGE

Suite, Apt. #, etc.

PMB 168

City & State

NAPLES FL

Zip

34119

Country

USA

4. FEI Number

59-2659426

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

Name

REUBEN E. THOMPSON JR

Street Address (P.O. Box Number is Not Acceptable)

6260 18th Ave N.W.

City

NAPLES

FL

Zip Code

34119

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

*Reuben E. Thompson Jr*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/20/00

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 *PRES.* ☐ Delete  
NAME *THOMPSON, REUBEN E. JR*  
STREET ADDRESS *6260 18th Ave N.W.*  
CITY-ST-ZIP *NAPLES FL 34119*

TITLE *DST* ☐ Delete  
NAME *THOMPSON, JEWEL BLAINE*  
STREET ADDRESS *15132 82ND TERRACE N.*  
CITY-ST-ZIP *LAKE PARK 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

12. 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

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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:

*Reuben E. Thompson Jr* REUBEN E. THOMPSON JR PRESIDENT

Date

Daytime Phone #

7/20/00

CR2E034 (9/99)