2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2001 8:00 am Secretary of State **DOCUMENT # J48545** 1. Entity Name REICHEL REALTY & INVESTMENT, INC. 02-05-2001 90037 018 ***150.00 Principal Place of Business Mailing Address 4524 GUN CLUB ROAD #212 4524 GUN CLUB ROAD #212 W PALM BEACH FL 33415 W PALM BEACH FL 33415 913983 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2758 157 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REICHEL William . REICHEL, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 10289 ALLAMANDA CIRCLE PALM BEACH GARDENS FL 33410 AllAMANDA CIRCLE Zip33410 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PST** PST **X** Change ☐ Delete Addition TITLE TITLE REICHEL, William B. NAME REICHEL, WILLIAM B. 4524 GUN CLUB Rd., STE 212 STREET ADDRESS 3694 VICTORIA DR STREET ADDRESS WEST PAIM BEACH, PL 33415 CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL TITLE ☐ Delete TITLE Change ☐ Addition REICHEL, William B. REICHEL, WILLIAM B. NAME NAME 4524 GUN CLUB ROAD, STE 212 STREET ADDRESS STREET ADDRESS 3694 VICTORIA DR WEST PAIM BEACH, FL 33415 CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME