

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90202 047 ***150.00

0811860

DOCUMENT # K23718

1. Entity Name

REVE DEVELOPMENT CORP.

Principal Place of Business

**908 BROKEN ARROW LN
 CANTONMENT FL 32533
 US**

Mailing Address

**P OBOX 7025
 PENSACOLA FL 32534
 US**

638053



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

196 E 9 mile Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Pensacola FL

4. FEI Number **59-2904547**

Applied For

Not Applicable

Zip

32534

Country

Escambia

Zip

32534

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NOEL, RAYMOND A
 972 BROKEN ARROW LANE
 CANTONMENT FL 32533**

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.

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

TITLE	VPT	<input type="checkbox"/> Delete
NAME	NOEL, RAYMOND A.	
STREET ADDRESS	10184 FOX RUN RD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	NOEL, RAYMOND A	
STREET ADDRESS	10184 FOX RUN RD	
CITY-ST-ZIP	PENSACOLA 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	972 Broken Arrow Ln.	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	972 Broken Arrow Ln.	
CITY-ST-ZIP	Cantonment, FL 32533	
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		
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

Raymond A. Noel

3-22-01 (850) 477-2132

Date

Daytime Phone #

CR2E034 (10/00)