

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90087 010 ***150.00

0027983

DOCUMENT # L36313

1. Entity Name
J. WILLIAM REEVES COMPANY, INC.

Principal Place of Business

Mailing Address

**307 E LAKESHORE DR
TALLAHASSEE FL 32312
US**

**307 E LAKESHORE DR
TALLAHASSEE FL 32312
US**

2. Principal Place of Business

3. Mailing Address

219 Westwood Drive

219 Westwood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-2980045

Applied For

Not Applicable

Zip

32304

Country

Leon

Zip

32304

Country

Leon

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

**VALENTINE, STEVEN S.
307 E LAKESHORE DR
TALLAHASSEE FL 32312**

Name

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

219 Westwood Drive

City

Tallahassee FL

FL

Zip Code

32304

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

Steven S. Valentine - President

4/30/2001

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 **PDT** Delete
NAME **VALENTINE, STEVEN SMITH**
STREET ADDRESS **307 E LAKESHORE DR**
CITY-ST-ZIP **TALL FL**

Change Addition
NAME **219 Westwood Drive**
STREET ADDRESS **Tallahassee FL 32304**
CITY-ST-ZIP

TITLE **VD** Delete
NAME **ORD, NELL R.**
STREET ADDRESS **3240 W. WESTMONTE DRIVE**
CITY-ST-ZIP **FALLBROOK CA**

Change Addition
NAME **138 Lillian Way**
STREET ADDRESS **FALLBROOK, CA 92028**
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
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Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Steven S. Valentine

4/30/2001

(850)386-1880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)