

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L80104

1. Entity Name
J. M. REAGAN CORPORATION

Principal Place of Business

1014 BRAMBLEWOOD CT
SAFETY HARBOR FL 34695
US

Mailing Address

1014 BRAMBLEWOOD CT
SAFETY HARBOR FL 34695
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3017908

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

REAGAN, JAMES M.
1732 LAKE CYPRESS DR
SAFETY HARBOR FL 34695

Name James M. Reagan

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

1014 Bramblewood Ct.

City Safety Harbor

FL

Zip Code 34695

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  James M. Reagan

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/21/01

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 D ☐ Delete
NAME REAGAN, JAMES M.
STREET ADDRESS 1732 LAKE CYPRESS DR
CITY-ST-ZIP SAFETY HARBOR FL

TITLE D ☒ Change ☐ Addition
NAME Reagan, James M.
STREET ADDRESS 1014 Bramblewood Ct.
CITY-ST-ZIP Safety Harbor, FL 34695

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Reagan

Date

Daytime Phone #

4/21/01

(727) 226-1920

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90405 050 ***150.00

C0054401



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)