

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L95636

1. Entity Name
TED M. REITER, P.A.

FILED

01 OCT -9 PM 6:42 A

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
40 SE 11TH AVE
OCALA FL 34471
US

Mailing Address
40 SE 11TH AVE
OCALA FL 34471
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

4. FEI Number 59-3022395

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REITER, TED M.
40 SE 11TH AVE
OCALA FL 34471

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 the fee applicable.

(NOTE: Registered Agent's 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
REITER, TED M.
391 N.E. 45TH TERRACE
OCALA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600004642076--0
-10/18/01--01069--015
*****150.00 *****150.00

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ 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)(b), 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 another, or as empowered.

SIGNATURE:

Ted M. Reiter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01

622-2228

CRIPPEN, CRIPPEN
& TRICE, LLP
CERTIFIED PUBLIC ACCOUNTANTS

40 Southeast 11th Avenue
Ocala, Florida 34471-2333
352-732-4260
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Jeffery P. Crippen
C.P.A.

Raymond L. Crippen
C.P.A., Retired

William L. Trice
C.P.A.

Brenda L. Ford
C.P.A.

Ted M. Reiter
C.P.A.

Debra L. Pilarczyk
C.P.A.

Lorri A. Carpenter
C.P.A.

Craig S. Silverman
C.P.A.

Deborah C. Lawson
C.P.A.

Gina M. Ritch
C.P.A.

September 10, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir:

I received a delinquent 2001 Uniform Business Report. However, we filed the original report on April 1, 2001.

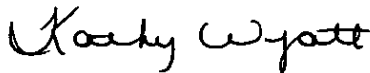
After researching our records, we find that our initial check in the amount of \$150 did not clear the bank. Therefore, we are resubmitting this form to you along with a new check for \$150.

Under penalties of perjury, we attest that the above facts are correct to the best of our knowledge and we respectfully submit that ordinary business care and prudence were exercised in this matter, and request that any late payment penalty be abated.

Thank you for your cooperation in this matter. If you have any further questions, please do not hesitate to contact me.

Very truly yours,

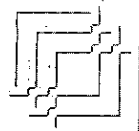
CRIPPEN, CRIPPEN & TRICE, LLP



Kathy Wyatt

klw:01006.car

Enclosures



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