

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90024 023 \*\*\*\*50.00

**DOCUMENT # L99000007101**

1. Entity Name

**REYNOLDS RESOURCES, LLC**

Principal Place of Business

**107 GRAND OAK CIRCLE  
 VENICE FL 34292**

Mailing Address

**107 GRAND OAK CIRCLE  
 VENICE FL 34292**

2. Principal Place of Business

**395 COMMERCIAL CT**

Suite, Apt. #, etc.

**SUITE D**

City & State

**VENICE, FL**

Zip

**34292**

Country

**U.S.A.**

3. Mailing Address

**395 COMMERCIAL CT**

Suite, Apt. #, etc.

**SUITE D**

City & State

**VENICE, FL**

Zip

**34292**

Country

**U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0960110**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**REYNOLDS, CORA S  
 107 GRAND OAK CIRCLE  
 VENICE FL 34292**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **REYNOLDS, CORA S**  
 STREET ADDRESS **107 GRAND OAK CIRCLE**  
 CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
 NAME **REYNOLDS, CORA S.**  
 STREET ADDRESS **395 COMMERCIAL CT, STE D**  
 CITY-ST-ZIP **VENICE, FL 34292**

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: *[Signature]* REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)