

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90353 004 ***158.75

DOCUMENT # **M35761**

1. Entity Name

REEF VENTURES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20 SPLITRAIL CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

20 SPLITRAIL CIRCLE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TEQUESTA, FL.

City & State

TEQUESTA, FL.

4. FEI Number

59-2720081

Applied For

Not Applicable

Zip

33469

Country

MARTIN

Zip

33469

Country

MARTIN

5. Certificate of Status Desired - ☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

STEPHEN R. MILLER

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

20 SPLITRAIL CIRCLE

City

TEQUESTA

FL

Zip Code

33469

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

STEPHEN R. MILLER

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

(NOTE: Registered agent signature required when registered agent is changed.)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☒

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**PRESIDENT
STEPHEN R. MILLER
20 SPLITRAIL CIRCLE
TEQUESTA, FL 33469**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SECRETARY TREASURER
SANDRA W. MILLER
20 SPLITRAIL CIRCLE
TEQUESTA, FL 33469**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN R. MILLER

Date

4/26/02 561-746-0985

Daytime Phone #

CR2E034B (12/01)