

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90208 042 *****61.25

DOCUMENT # N06254

1. Entity Name

**RESEARCH AND ENGINEERING ORGANIZATION FOR SPOUSE
S, INC.**



Principal Place of Business

7633 SAN REMO PLACE
C/O CHERIE GRIBSCHAN
ORLANDO FL 32835
US

Mailing Address

7633 SAN REMO PLACE
C/O CHERIE GRIBSCHAN
ORLANDO FL 32835
US

2. Principal Place of Business

110 Oak View Circle

3. Mailing Address

110 Oak View Circle

Suite, Apt. #, etc.

40 Peggy Wright

Suite, Apt. #, etc.

40 Peggy Wright

City & State

Lake Mary FL

City & State

Lake Mary FL

Zip

32746

Country

USA

Zip

32746

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2396067**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIBSCHAN, CHERIE
7633 SAN REMO PLACE
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

Peggy Wright

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

110 Oak View Circle

City

Lake Mary

FL

Zip Code

32746

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cherie B. Gribshaw

May 8, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
NIEMETSCHKE, NANCY
366 TWELVE OAKS DR
WINTER SPRINGS FL 32708

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
GRIBSHAW, CHERIE
7633 SAN REMO PL
ORLANDO FL 32835

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
BREMER, AURELIA
3914 SCAR BOROUGH CT.
CLERMONT FL 34711

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

EVP
WRIGHT, PEGGY
110 OAK VIEW CIR
LAKE MARY FL 32746

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

EVP
~~Peggy Wright~~ Roberta Green
6500 Bear Lake Circle
Apopka FL 32703

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

5/8/03

CR2E037 (10/02)