

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000724

1. Entity Name

REACH INC. OF LAKE WALES

FILED

May 03, 2002 8:00 am
Secretary of State

05-03-2002 90170 048 ****70.00

Principal Place of Business

Mailing Address

315 N WALKER ST
LAKE WALES FL 33853
US

P.O. BOX 1662
LAKE WALES FL 33859
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

315 N. WALKER ST.
Suite, Apt. #, etc.

P.O. BOX 1662
Suite, Apt. #, etc.

315 N. WALKER STREET

LAKE WALES, FLORIDA
Zip Country

4. FEI Number 59-3174433

Applied For
Not Applicable

LAKE WALES, FLORIDA
Zip Country

33853 POLK

33859 POLK

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

JACKSON, JACKIE
315 NORTH WALKER STREET
LAKE WALES FL 33853

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 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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME JACKSON, JACKIE ☐ Delete
STREET ADDRESS 18 JOHNSON AVE
CITY-ST-ZIP LAKE WALES FL 33853

TITLE P
NAME JACKIE JACKSON ☐ Change ☐ Addition
STREET ADDRESS 18 JOHNSON AVE.
CITY-ST-ZIP LAKE WALES, FLA 33853 ☒ Change ☐ Addition

TITLE V
NAME FREEMAN, JONATHAN ☒ Delete
STREET ADDRESS 420 5TH ST
CITY-ST-ZIP LAKE WALES FL 33853

TITLE V
NAME JOHN W. HUGHES
STREET ADDRESS 18 JOHNSON AVE.
CITY-ST-ZIP LAKE WALES, FLA. 33853 ☐ Change ☐ Addition

TITLE STD
NAME MOBLEY, NELLIE ANN ☐ Delete
STREET ADDRESS 620 JACKSON AVE.
CITY-ST-ZIP LAKE WALES FL 33853

TITLE S/T/D
NAME NELLIE ANN MOBLEY
STREET ADDRESS 620 JACKSON AVE.
CITY-ST-ZIP LAKE WALES, FLA. 33853 ☐ Change ☐ Addition

TITLE D
NAME JONES, MAXINE ☐ Delete
STREET ADDRESS 504 S. 4TH STREET
CITY-ST-ZIP LAKE WALES FL 33853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BRIDGES, DOMICA L ☐ Delete
STREET ADDRESS 30 'B' STREET
CITY-ST-ZIP LAKE WALES FL 33853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HUGHES, JOHN W ☐ Delete
STREET ADDRESS 18 JOHNSON AVE
CITY-ST-ZIP LAKE WALES FL 33853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jackie Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jackie Jackson 4-17-02 678-3901 (863)

CR2E037 (9/01)