

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038028

1. Entity Name

REIN INVESTMENTS, INC.

FILED

01 APR -4 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03/08/01 DO NOT WRITE IN THIS SPACE 90022 031 150.00

Principal Place of Business
2033 MAIN STREET #600
SARASOTA FL 34237

Mailing Address
2033 MAIN STREET #600
SARASOTA FL 34237

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number
65-1001384

Applied For
 Not Applicable

Zip Country Zip Country

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

MYERS, TROY H JR.
C/O ICARD, MERRILL, ET. AL.
2033 MAIN STREET - SUITE 600
SARASOTA FL 34237

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 fee if applicable

(NOTE Registered Agent signature required when remaining)

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/CHARGES TO OFFICERS AND DIRECTORS

TITLE	Director <input type="checkbox"/> Delete
NAME	J. Geoffrey Pflugner
STREET ADDRESS	2033 Main Street, Suite 600
CITY-STATE-ZIP	Sarasota, FL 34237
TITLE	Director <input type="checkbox"/> Delete
NAME	Troy H. Myers, Jr.
STREET ADDRESS	2033 Main Street, Suite 600
CITY-STATE-ZIP	Sarasota, FL 34237
TITLE	President <input type="checkbox"/> Delete
NAME	J. Geoffrey Pflugner
STREET ADDRESS	2033 Main Street, Suite 600
CITY-STATE-ZIP	Sarasota, FL 34237
TITLE	Vice President <input type="checkbox"/> Delete
NAME	Troy H. Myers, Jr.
STREET ADDRESS	2033 Main Street, Suite 600
CITY-STATE-ZIP	Sarasota, FL 34237
TITLE	Secretary <input type="checkbox"/> Delete
NAME	Troy H. Myers, Jr.
STREET ADDRESS	2033 Main Street, Suite 600
CITY-STATE-ZIP	Sarasota, FL 34237
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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 changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: *Troy H. Myers, Jr.* TROY H. MYERS, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01 941-853-8110