

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060328

1. Entity Name

REEF'S EDGE INVESTMENT, INC.

**FILED**  
May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90469 034 \*\*\*150.00

0491723

Principal Place of Business

279 89TH ST  
OCEAN, MARATHON FL 33050

Mailing Address

279 89TH ST  
OCEAN, MARATHON FL 33050

AN064000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PAIM BEACH STORES FL.

Suite, Apt. #, etc.

3. Mailing Address

215 SANDAL LN.

Suite, Apt. #, etc.

City & State

PAIM BEACH STORE FL

City & State

SAME

4. FEI Number

65-1017436

Applied For

Not Applicable

Zip  
33404

Country

PAIM BEACH

Zip

SAME

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONLIN & MAC MAHON, P.A.  
63 53RD ST  
OCEAN, MARATHON FL 33050

7. Name and Address of New Registered Agent

Name

PAUL C MEUNIER

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

215 SANDAL LANE

City

PAIM BEACH STORES FL

Zip Code

33404

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

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	PAUL C MEUNIER
CITY-ST-ZIP	215 SANDAL LN. 33404
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE PRESIDENT
STREET ADDRESS	KAREN M MEUNIER
CITY-ST-ZIP	215 SANDAL LN. 33404
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul C Meunier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01 (561) 842-7488

Date

Daytime Phone #

CR2E034 (10/00)