

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000061209

1. Entity Name
FREDDIE REYNOLDS, INC.

Principal Place of Business 8407 RUCKMAN AVE. JACKSONVILLE FL 32221	Mailing Address 8407 RUCKMAN AVE. JACKSONVILLE FL 32221
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2015 LEM TURNER ROAD Suite, Apt. #, etc.
---	---

DO NOT WRITE IN THIS SPACE

City & State CALLAHAN FL	City & State CALLAHAN FL
Zip 32011	Country US

4. FEI Number 59-3671396	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

FRAN'S TAX SERVICE, INC.
 2015 LEM TURNER RD.

 CALLAHAN FL 32011 US

7. Name and Address of New Registered Agent

Name
FRANS TAX SERVICE INC
 Street Address (P.O. Box Number is Not Acceptable)
 2015 LEM TURNER RD.

 City
 CALLAHAN FL Zip Code
 32011

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 **FRANCES M CAUDLE**

03/26/2001

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 D	<input type="checkbox"/> Delete
NAME REYNOLDS FREDDIE	
STREET ADDRESS 8407 RUCKMAN AVE.	
CITY-ST-ZIP JACKSONVILLE FL 32221	
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	
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	
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: **FREDDIE REYNOLDS**

PRES 03/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)