

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90086 033 ***150.00

DOCUMENT # P00000062131

1. Entity Name
REPSOURCE, INC.



Principal Place of Business
690 WEST PEARL
BARTOW FL 33830

Mailing Address
690 WEST PEARL
BARTOW FL 33830



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BARTOW, FLORIDA

City & State
BARTOW, FLORIDA

Zip
33830

Country
U.S.

Zip
33830

Country
U.S.

4. FEI Number **59-3656039**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, KEVIN M
690 WEST PEARL
BARTOW FL 33830

Name **KEVIN M JONES**
Street Address (P.O. Box Number is Not Applicable) **820 South Broadway Ave.**
City **BARTOW** **FL** **Zip Code** **33830**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JONES, KEVIN M**
STREET ADDRESS **690 WEST PEARL**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **JONES KEVIN/President/TREASURER** ☐ Change ☐ Addition
NAME **820 South Broadway Ave.**
STREET ADDRESS **BARTOW, FL 33830**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **JONES, LARRY W**
STREET ADDRESS **845 DE LA BOSQUE**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **JONES LARRY/Vice President** ☐ Change ☐ Addition
NAME **845 DeLa Bosque Ct.**
STREET ADDRESS **BARTOW, FL 33830**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **JONES, STEPHEN M**
STREET ADDRESS **845 DE LA BOSQUE**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
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TITLE ☐ Change ☐ Addition
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 607, 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 **Kevin M. Jones**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03
Date

(863) 559-7739
(863) 534-8025
Business Phone #

CR2E034 (10/02)