

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90101 049 ***150.00

DOCUMENT # *P000000063894*

1. Entity Name
Cindi Reid Corporation
228 Sea Island Drive
Ponte Vedra Beach, FL 32086

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
228 Sea Island Drive
Suite, Apt. #, etc.

3. Mailing Address
228 Sea Island Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ponte Vedra Beach, FL
Zip
32086
Country
USA

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Ponte Vedra Beach, FL
Zip
32086
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USA

4. FEI Number
593660731

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Richard Scott Draughon
Street Address (P.O. Box Number is Not Acceptable)
One Independent Drive
Suite 2000
City
Jacksonville **FL** Zip Code
32202

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
D, P, T, S
Cindi Reid
228 Sea Island Drive
Ponte Vedra Beach, FL 32082

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Cindi Reid

Cindi Reid

4-22-02

Date

610-1111

Daytime Phone #