

FILED
Aug 21, 2001 8:00 am
Secretary of State

07-31-2001 90232 001 ****61.25
08-21-2001 90007 034 ****88.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000066368	
1. Entity Name REIFY TRAINING & TECHNICAL SERVICES, INC.	
Principal Place of Business 4638 SOUTH MOON TRAIL PORT ORANGE FL 32119	Mailing Address 4638 SOUTH MOON TRAIL PORT ORANGE FL 32119
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 32129	Country
Zip 32129	Country
4. FEI Number 59-3658731	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIGHT, JULIE E 4638 SOUTH MOON TRAIL PORT ORANGE FL 32119	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ Signature, typed or printed name of registered agent and title if applicable. DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS	
TITLE D NAME WIGHT, JULIE STREET ADDRESS 4638 SOUTH MOON TRAIL CITY-ST-ZIP PORT ORANGE FL 32119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition zip code change 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	7/23/01 Date 386-760-1880 Daytime Phone #

CR2E034 (5/01)

Julie Wight
Reify Training & Technical Services, Inc.
4638 South Moon Trail
Port Orange, FL 32119

Attachment
0#00000066368
[REDACTED]

CD0758107

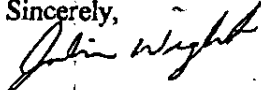
23 July 2001

To-Whom-It May Concern:

Enclosed is the 2001 UBR for Reify Training & Technical Services, Inc. This is the corporation's first year of operation and this reporting document is the first information that I have received regarding this reporting requirement.

I recently contacted your office and inquired as to why I had never received a notice prior to now. In a conversation with Robert I was told to enclose a check for the original fee. Therefore, the enclosed check is for \$61.25. If you have any questions, I may be reached at (386) 760-1880.

Sincerely,



Julie Wight, Director
Reify Training & Technical Services

Enclosure to UBR Filing Office - P.O. Box 1500

cc: Division of Corporations - P.O. Box 6327