

4/2.

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90055 022 \*\*\*150.00

**DOCUMENT # P00000070044**

1. Entity Name

**REO DEVELOPMENT, INC.**

Principal Place of Business

9124 CYPRESS GREEN DR  
JACKSONVILLE BEACH FL 32216

Mailing Address

9124 CYPRESS GREEN DR  
JACKSONVILLE BEACH FL 32216

2. Principal Place of Business

9124 CYPRESS GREEN DR

Suite, Apt. #, etc.

3. Mailing Address

SAME as #2

Suite, Apt. #, etc.

City &amp; State

JACKSONVILLE, FL.

City &amp; State

4. FEI Number

59-3659330

Applied For

Not Applicable

Zip

32216

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

AKEL, EDWARD C  
1 INDEPENDENT DR, SUITE 2301  
JACKSONVILLE FL 32202

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

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

(NOTE: Registered Agent signature required when reissuing)

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 ☐ Delete  
 NAME ABOUD, RICHARD  
 STREET ADDRESS 9124 CYPRESS GREEN DR  
 CITY-ST-ZIP JACKSONVILLE BEACH FL 32216

TITLE D ☐ Delete  
 NAME HENSON, LARRY  
 STREET ADDRESS 9124 CYPRESS GREEN DR  
 CITY-ST-ZIP JACKSONVILLE BEACH FL 32216

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Richard J. Aboud Richard J. Aboud

4/16/01

(904) 528-3501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)