## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P00000078715

## FILED Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90222 006 \*\*\*150.00

1 Entity Name		P0000076 REHOUSE, INC.	8715				02-14-2003	90222	006 ***	*150.00	
Principal Place 24181 S. TAMI BONITA SPRIN	ami trail	24181	Mailing Address 24181 S. TAMIAMI TRAIL BONTA SPRINGS FL 34134								
2. Principal Pl	ace of Business	3. Maili	3. Mailing Address				f ift pringer en detre anter marer anter na-				
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State	9	City	City & State			4. FEI Number 59-367 1301 Applied For Not Applicable			ĺ		
Zip Country		Zip	Zip Coun		try	5. Certificate of Status Desired		S8.75 Additional Fee Required.			
	6. Name and Address	s of Current Registere	d Agent			7. N	lame and Address of New Regist	ered Age	<u>nt</u>		
					Name				ا داد جد		_
BAILEY, FRANCIS L					Street Address (	(P.O. <b>B</b> o	ox Number is Not Acceptable)				
	TAMIAMI TRAIL										
BONITA SPRINGS FL 34134									Zip Code		
		•		,	City .			<u>FL</u>			
8. The above the obligat	named entity submits thi tions of registered agent.	s statement for the purp	ose of changing its	registere	ed office or register	red age	ent, or both, in the State of Florida.	l em tem	iliar with, a	and accept	
   SIGNATURE	· · ·					d when no	instaling)	DATE	• .		
	Signature, typed or printed name		ricable. (NOT	E: Hegistere	d Agent signeture require	O WALL TO					1
After	iLE NOW!!! FEE IS r May 1, 2003 Fee will k Payable to Florida D	be \$550.00					Section Campaign Financia     Trust Fund Contribution.	g 🗆		May Be to Fees	
		FICERS AND DIRECTO	IRS.	11.		AD	L DITIONS/CHANGES TO OFFICER	S AND D	RECTORS	5 IN 11	۱_
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CITY-ST-ZIP	coartify that the information	yo supplied with this filing	g does not qualify f	for the ex	emption stated in S	Section	119.07(3)(i), Florida Statutes. I furl legal effect as if made under oath ida Statutes; and that my name ap	her certify	that the i	information	
indicate of the co	or on an attachment of or on a attachment of or other or on a attachment of	mental report is true and or trustee empowered to than address, with all or	accurate and that be execute this repo ther like empowere	t my signa rt as requ d.	ature shall have the lired by Chapter 60	a same 07, Flor	legal effect as if made under oath ida Statutes; and that my name ap	natiam pears in E	an onicer Block 10 of	r Block 11 if	
1	. /~ .	CALATZ HEST	*.// _i		ANCIS L.B.	AIL	ey 1/13/03 (	239	)948	3-9840	
SIGNA	TURE:	RE AND TYPED OR PRINTED NA	ME OF SIGNING OFFICE			,,, - '	Date	Deyt	me Phone #		