

2001 UNIFORM BUSINESS REPORT (UBR)

5/1/01

FILED
May 24, 2001 8:00 am
Secretary of State

05-01-2001 90058 049 ***150.00

DOCUMENT # P00000080103

1. Entity Name

REAM ENTERPRISES, INC.

Principal Place of Business

619 NORTH REO ST.
 TAMPA FL 33609

Mailing Address

619 NORTH REO ST.
 TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3908119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

TOWNSEND, DAVID A
 608 W. HORATIO ST.
 TAMPA FL 33606-2228

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 re-registering)

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	PD	<input checked="" type="checkbox"/> Delete
NAME	REAM, KELLY	
STREET ADDRESS	619 NORTH REO ST.	
CITY-STATE-ZIP	TAMPA FL 33609	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	REAM, W. SCOTT	
STREET ADDRESS	619 NORTH REO ST.	
CITY-STATE-ZIP	TAMPA FL 33609	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REAM, GERALD L	
STREET ADDRESS	619 NORTH REO ST.	
CITY-STATE-ZIP	TAMPA FL 33609	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REAM, JOAN	
STREET ADDRESS	619 NORTH REO ST.	
CITY-STATE-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY REAM	
STREET ADDRESS	619 NORTH REO ST.	
CITY-STATE-ZIP	TAMPA, FL 33609	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W. SCOTT REAM	
STREET ADDRESS	619 NORTH REO ST.	
CITY-STATE-ZIP	TAMPA, FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 "1" or Block "2" 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

GERALD L REAM

SECRETARY

04/16/01 490-4636

CR2E034 (10/00)