

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90058 041 \*\*\*158.75

0425754 AV

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

5420 W. Cypress St

Suite, Apt. #, etc.

TAMPA, FL

City &amp; State

3. Mailing Address

Suite, Apt. #, etc.

Same

City &amp; State

Zip

33607

Country

Hillsborough

Zip

Country

4. FEI Number

59-3708119

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

DAVID A. TOWNSEND Registered Agent

03/07/02

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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	VD	<input type="checkbox"/> Delete
NAME	REAM, KELLY	
STREET ADDRESS	619 NORTH REO STREET	
CITY-ST-ZIP	TAMPA FL 33609	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	REAM, W. SCOTT	
STREET ADDRESS	619 NORTH REO ST.	
CITY-ST-ZIP	TAMPA FL 33609	

TITLE	SD	<input type="checkbox"/> Delete
NAME	REAM, GERALD L.	
STREET ADDRESS	619 NORTH REO ST.	
CITY-ST-ZIP	TAMPA FL 33609	

TITLE	TD	<input type="checkbox"/> Delete
NAME	REAM, JOAN	
STREET ADDRESS	619 NORTH REO ST.	
CITY-ST-ZIP	TAMPA FL 33609	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly P. Ream	
STREET ADDRESS	5420 W Cypress St	
CITY-ST-ZIP	TAMPA, FL 33607	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERALD L. Ream	
STREET ADDRESS	5420 W. Cypress St.	
CITY-ST-ZIP	TAMPA, FL 33607	

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN A. Ream	
STREET ADDRESS	5420 W. Cypress St.	
CITY-ST-ZIP	TAMPA, FL 33607	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joan A. Ream V.P. - JOAN A. REAM

Date

03/07/02

Daytime Phone #

813-490-4636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x249

CR2E034 (9/01)