

2002 UNIFORM BUSINESS REPORT (UBR)

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

0425754 AV

DOCUMENT # **P0000080103**

1. Entity Name
REAM ENTERPRISES, INC.

03-20-2002 90058 041 ***158.75

Principal Place of Business Mailing Address
619 NORTH REO ST. 619 NORTH REO ST.
TAMPA FL 33609 TAMPA FL 33609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State
5420 W. Cypress St TAMPA, FL

3. Mailing Address Suite, Apt. #, etc. City & State
SAME

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 DATE 03/07/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Date Daytime Phone #

CR2E034 (9/01)