

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90172 021 \*\*\*150.00

0352696

**DOCUMENT # P00000081916**

1. Entity Name

REYNOLDS INDUSTRIAL SERVICES, INC.

Principal Place of Business

Mailing Address

8041 GARDNER ROAD #12  
 TAMPA FL 33625

8041 GARDNER ROAD #12  
 TAMPA FL 33625

00012400

2. Principal Place of Business

12295 Automobile Blvd C

3. Mailing Address

P.O. Box 21751

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Tampa, FL

Zip

Country

33762

U.S.A.

Zip

Country

33622

USA

4. FEI Number

59-3670239

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

REYNOLDS, WILLIAM D  
 8041 GARDNER ROAD #12  
 TAMPA FL 33625

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

William D. Reynolds, William D. Reynolds President

01-19-01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME REYNOLDS, WILLIAMS D  
 STREET ADDRESS 8041 GARDNER ROAD #12  
 CITY-ST-ZIP TAMPA FL 33625 ☐ Delete

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

TITLE VD  
 NAME RYE, PHILIP V  
 STREET ADDRESS 7804 BEECH DALY  
 CITY-ST-ZIP TAYLOR MI 48180 ☐ Delete

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

TITLE VD  
 NAME DAVERT, MICHAEL  
 STREET ADDRESS 201 PIG HILL ROAD  
 CITY-ST-ZIP COVENTRY RI 02816 ☐ Delete

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

TITLE SD  
 NAME REDMOND, THOMAS P  
 STREET ADDRESS PO BOX 791  
 CITY-ST-ZIP TRENTON MI 48183 ☐ Delete

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

TITLE TD  
 NAME TOLSTYKA, JERRY  
 STREET ADDRESS 1265 FRANK DR  
 CITY-ST-ZIP MONROE MI 48162 ☐ Delete

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

TITLE ☐ Delete  
 NAME  
 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:

William D. Reynolds, William D. Reynolds 01-19-01 727-571-1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)