

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90197 032 ***150.00

DOCUMENT # P00000092242

1. Entity Name

REVENUE ENHANCEMENT SERVICES, INC.

Principal Place of Business

**1705 METROPOLITAN BLVD. STE 102
TALLAHASSEE FL 32308**

Mailing Address

**1705 METROPOLITAN BLVD. STE 102
TALLAHASSEE FL 32308**

2. Principal Place of Business

2864 Remington Green Cir.

3. Mailing Address

PO Box 14989

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3673964

Applied For

☐ Not Applicable

Zip

32308

Country

USA

Zip

32317-4989

Country

USA

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

BLACK, JOHN F

**1705 METROPOLITAN BLVD, STE 102
TALLAHASSEE FL 32308**

Name

Black, John F.

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

2864 Remington Green Circle

Suite C

City

Tallahassee

FL

32308

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

John F. Black

4/16/01

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

(NOT a 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 **D** ☐ Delete
NAME **BLACK, JOHN F**
STREET ADDRESS **3665 DWIGHT DAVIS DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **Director, CEO** ☒ Change ☐ Addition
NAME **Black, John F.**
STREET ADDRESS **3665 Dwight Davis Drive**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **D** ☐ Delete
NAME **BOATRIGHT, E WAYNE**
STREET ADDRESS **151 W 134TH WAY, #211**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **Director, COO** ☒ Change ☐ Addition
NAME **Boatright, E. Wayne**
STREET ADDRESS **151 W. 134th Way, #211**
CITY-ST-ZIP **Pembroke Pines, FL 33027**

TITLE **D** ☐ Delete
NAME **BLACK, LAURIE R**
STREET ADDRESS **3365 DWIGHT DAVIS DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **Director, Secretary/Treas.** ☒ Change ☐ Addition
NAME **Black, Laurie R.**
STREET ADDRESS **3665 Dwight Davis Drive**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director, President** ☐ Change ☒ Addition
NAME **Kibbe, I. David**
STREET ADDRESS **12204 Clifton Spring Drive**
CITY-ST-ZIP **Clifton, VA 20124**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

John F. Black

4/16/01

850-386-9898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)