## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE

## **FILED** Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P0000095011 REPPY ENTERPRISES, INC. 04-26-2001 90312 034 \*\*\*150.00 Principal Place of Business Mailing Address 2737 GABLES DRIVE 2737 GABLES DRIVE EUSTIS FL 32726 EUSTIS FL 32726 2. Principal Place of Business 3. Mailing Address Suito, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-362585 Applied For City & State City & State No: Applicable Country Zip \$8.75 Additional [-1 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REPPY, DALE A Street Address (P.O. Box Number is Not Acceptable) 2737 GABLES DRIVE EUSTIS FL 32726 City 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 Signature, typed or or modiname of registered agent and title if applicable. (NOTE, Regist ned Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition Change ☐ Delete TITLE TITLE REPPY, DALE A NAME NAME STREET ADDRESS 2737 GABLES DRIVE STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP **EUSTIS FL 32726** [ ] Addition TITLE Delete HILE ☐ Change REPPY, KIMBERLY S NAME NAME STREET ADDRESS STREET ADDRESS 2737 GABLES DRIVE CHY-SI-7:P CITY-ST-ZIP EUSTIS FL 32726 Delete T.T.E [11] Chance □ Addition TITLE REPPY, DALE C NAME NAME STREET ADDRESS STREET ADDRESS 205 EASTRIDGE DRIVE CITY-ST-ZIP CHY-S1-ZIP EUSTIS FL 32726 ☐ Change ☐ Addinion ☐ Delete TITLE 1014 REPPY, THERESA B NAME NAME STREET ADDRESS STREET ADDRESS 205 EASTRIDGE DRIVE CITY-ST-ZIP CHY-S'-ZP EUSTIS FL 32726 Change □ Adc tien ☐ Delete TITLE TOTALE NAMe. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7'P 0:14-81-713 ☐ Change □ Addition ☐ Delete THUE TITLE MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 circotor 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

MAME OF SIGNING OFFICER OR DIRECTOR

4/18/01 (350,767-4932