

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113578

1. Entity Name

REO PARTNERS INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV -6 PM 12:34

Principal Place of Business

2200 N. FED. HWY.
#203
BOCA RATON FL 33431

Mailing Address

2200 N. FED. HWY.
#203
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-1063133

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

900004698499--4

-11/29/01--01057--001

****150.00 ****150.00

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER JOHN P.
2499 GLADES RD SUITE 305A
BOCA RATON FL 33431

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
BRADFORD GEISEN
2200 N. FED. HWY. #203
BOCA RATON FL 33431

☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-338-1890

CR2E034 (11/00)

REO Partners, Inc.
2200 N. Federal Hwy.
Suite 203
Boca Raton, FL 33431

October 26th, 2001

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: REO Partners, Inc.
P00000113578

To Whom It May Concern:

Enclosed please find a check for \$150.00 in payment of our
uniform business report for 2001.

We never received any notice to file and pay the 2001
uniform business report for this corporation. Please
accept the enclosed payment as payment in full for our
uniform business report for the year 2001 and do not charge
any late fees.

Sincerely,



Bradford R. Geisen
President

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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