

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

0100112 AV

DOCUMENT # P00000115480

1. Entity Name
REYES PROPERTY CARE, INC.



Principal Place of Business
2901 DARTMOUTH AVENUE NORTH
SAINT PETERSBURG FL 33713

Mailing Address
2901 DARTMOUTH AVENUE NORTH
SAINT PETERSBURG FL 33713



2. Principal Place of Business
Reyes Property Care
Suite, Apt. #, etc.
2901 Dartmouth Ave N
City & State
St Petersburg FL
Zip
33713 Country
Pineellas

3. Mailing Address
2901 Dartmouth Ave N
Suite, Apt. #, etc.
ST. Petersburg
City & State
FL 33713
Zip
33713 Country
Pineellas

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3687414** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REYES, ARMANDO
2901 DARTMOUTH AVENUE NORTH
SAINT PETERSBURG FL 33713

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Armando Reyes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (4/03)

Attachment 7-10-08

To whom it may concern ¹⁰¹⁰⁹⁹⁵²
~~#P000000115480~~

I writing this note because I never
received the original form from
your office.

I spoke to my CPA and
he told me to write to you
this letter. I believe that there
is a provision if I never receive
the original.

Thank you very much.
P.S I try to talk to some one
at (850-488-9000) but all a got
was the answering service.

Remando Ruiz Ruiz Property Care