

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000585

1. Entity Name

REEF TRADING CORP

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90180 002 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5906 OLD OCEAN BLVD  
OCEAN RIDGE FL 33435

Mailing Address

5906 OLD OCEAN BLVD  
OCEAN RIDGE FL 33435

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1085672

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GROENEVELD, WILLIAM L  
5906 OLD OCEAN BLVD  
OCEAN RIDGE FL 33435

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.

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

TITLE PD  
NAME GROENEVELD, WILLIAM L  
STREET ADDRESS 5906 OLD OCEAN BLVD  
CITY-ST-ZIP OCEAN RIDGE FL 33435

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V/D/H/S  
NAME DARRYL PROCTOR  
STREET ADDRESS 8741 PINE BARRENS DR  
CITY-ST-ZIP ORLANDO, FL 32817

☐ Change

☒ Addition

TITLE D  
NAME KEVIN MONAHAN  
STREET ADDRESS 3858 CORAL TREE CIRCLE #308  
CITY-ST-ZIP COCONUT CREEK, FL. 33073

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM GROENEVELD

Date

4/15/01

Daytime Phone #

561-704-9488

CR2E034 (10/00)