

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90339 001 \*\*\*150.00

**DOCUMENT # P01000016074**

1. Entity Name  
**REEF PRODUCTS, INC.**

Principal Place of Business  
**9907 DEAN ACRE DRIVE**  
**ORLANDO FL 32825**

Mailing Address  
**9907 DEAN ACRE DRIVE**  
**ORLANDO FL 32825**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6056 Raleigh St.**

3. Mailing Address  
**P.O. Box 618670**

Suite, Apt. #, etc.  
**2605**

Suite, Apt. #, etc.

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

4. FEI Number  
**59-370-1935**

Applied For  
 Not Applicable

Zip  
**32835**

Country

Zip  
**32861**

Country

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

6. Name and Address of Current Registered Agent  
**RUDY, HAROLD**  
**7947 SHOALS DR. APT #A**  
**ORLANDO FL 32817**

7. Name and Address of New Registered Agent  
 Name **Harold Rudy**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6056 Raleigh St # 2605**  
 City **Orlando** **FL** Zip Code **32835**

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 **HAROLD RUDY** **4/30/02**  
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, 2002 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 <b>V. S. CEO</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P.T.C.S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RUSSELL WHITNEY</b>		NAME <b>Harold L. Rudy, Jr.</b>	
STREET ADDRESS <b>9907 Dean Acre Dr.</b>		STREET ADDRESS <b>6056 Raleigh St # 2605</b>	
CITY-ST-ZIP <b>Orlando, FL 32825</b>		CITY-ST-ZIP <b>Orlando, FL 32835</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **SIGNATURE REQUIRED** **4/30/02** **407-709-8317**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)