

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90033 038 \*\*\*150.00

MACRO 16 AV

**DOCUMENT # P01000016413**

**1. Entity Name**  
**REUNIONSIDEKICK.COM, INC.**

**Principal Place of Business**

**12600 SEMINOLE BLVD.**  
**BUILDING C**  
**LARGO FL 33778-2201**

**Mailing Address**

**12600 SEMINOLE BLVD.**  
**BUILDING C**  
**LARGO FL 33778-2201**

**2. Principal Place of Business**

**7985 113<sup>TH</sup> ST**

**3. Mailing Address**

**7985 113<sup>TH</sup> ST**

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

**Suite 214**

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

**Suite 214**

**City & State**

**Seminole, FL**

**City & State**

**Seminole, FL**

**Zip**

**33772**

**Country**

**Pinellas**

**Zip**

**33772**

**Country**

**Pinellas**

**4. FEI Number**

**59-3712993**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**WEISS, BERNARD D**  
**12811 HARBORWOOD DRIVE**  
**LARGO FL 33774**

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**7991 9TH AVE S.**

**City**

**St. Petersburg**

**FL**

**Zip Code**

**33707**

**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, 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**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WEISS, BERNARD D</b>	
<b>STREET ADDRESS</b>	<b>12811 HARBORWOOD DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>LARGO FL 33774</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
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<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>7991 9TH AVE S.</b>	
<b>CITY-ST-ZIP</b>	<b>St. Petersburg, FL</b>	<b>33707</b>
<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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

**Bernard D Weiss**  
**Director**

**Date**

**Daytime Phone #**

**1-8-02 727 588-4333**

CR2E034 (9/01)