## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

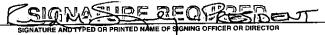
## P01000018526 **DOCUMENT #**



**FILED** Feb 13, 2003 8:00 am Secretary of State

1. Entity Name R. SEELEY SERVICES, INC.								02-13-200	3 90231 00	7 ***150.	00	
Principal Place of Business 6854 SKY ROCK LN TALLAHASSEE FL 32311				Mailing Address 6854 SKY ROCK LN TALLAHASSEE FL 32311								
Principal Place of Business     Address								10001001 11	<b>   </b>	<b>JD</b> I 2010 F 03110 11	1818 8111 1881	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State	9		City & State				4.	4. FEI Number 59-3712942 Applied For Not Applied				
Zip Country			~ −Zip <del>····· → □······························</del>			try	5.	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
Name								•			1	
WHITAKEF					Street Address (P.O. Box Number is Not Acceptable)							
		AI					•					
TALLAHASSEE FL					City	<del></del>		FL	Zip Code	э		
						1 1111	:	east or both in the State of		amiliar with	and accept	
8. The above the obligati	named entit ions of regis	y submits this statement to tered agent.	r the purp	ose of changing its	register	ea onice or re		agent, or both, in the State of	i jojiou. Tumi	<b>4</b>		
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOT	E: Registere	d Agent signature	required wher	n reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								9. Election Campaign Trust Fund Contribu	tion.	Added	May Be i to Fees	
10.		OFFICERS AND		DRS	11.			ADDITIONS/CHANGES TO O	FFICERS AND			
TITLE	PO			☐ Delete	TITL	E				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	6854 SK	REED MICHAEL /ROCK LANE SSEE FL 32311				EET ADDRESS (-ST-ZIP						
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STREET ADDRESS		•				EET ADDRESS						
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STREET ADDRESS						REET ADDRESS						
CITY CT. 7ID	1				CIT	Y-ST-ZIP						

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.



2-11-03

850-877-2134