

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90004 035 ***150.00

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DOCUMENT # P01000055631

1. Entity Name

REED, HENZELL & SHOTT, P.A.

Principal Place of Business

P.O. BOX 372425
 SATELLITE BEACH FL 32937

Mailing Address

P.O. BOX 372425
 SATELLITE BEACH FL 32937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1900 S. Harbor City Blvd.

Suite, Apt. #, etc.

109

City & State

Melbourne, FL

Zip

32901

Country

U.S.

3. Mailing Address

1900 S. Harbor City Blvd.

Suite, Apt. #, etc.

109

City & State

Melbourne FL

Zip

32901

Country

U.S.

4. FEI Number

59-3724292

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DETTMER, DALE A

304 S. HARBOR CITY BLVD., SUITE 201

MELBOURNE FL 32901

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	REED DECUBA, RHONDA	
STREET ADDRESS	2815 S. ATLANTIC AVENUE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHOTT, CAROLYN J	
STREET ADDRESS	1614 GLENRIDGE STREET NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HENZELL, JANNINE M	
STREET ADDRESS	420 PINEHILL COURT	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REED, D. ANNETTE	
STREET ADDRESS	2815 S. ATLANTIC AVENUE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Carolyn J. Shott* **SIGNATURE REQUIRED** *Carolyn J. Shott* **2-20-02 (321) 676-3306**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)