

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90087 041 ***150.00

0369065 AV

DOCUMENT # P01000058391

1. Entity Name
REESHKA ENTERPRISES, INC.

Principal Place of Business
12775 HYLAND CIRCLE
BOCA RATON FL 33428

Mailing Address
12775 HYLAND CIRCLE
BOCA RATON FL 33428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1000 CLINT MOORE RD

3. Mailing Address
1000 CLINT MOORE RD

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.
Suite 101

City & State
Boca Raton, FL

City & State
BOCA RATON, FL

4. FEI Number
65-1112640

Applied For
Not Applicable

Zip
33487

Country
USA

Zip
33487

Country
USA

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

6. Name and Address of Current Registered Agent

LOOMAR, L. GREGORY ESQ.
1152 NORTH UNIVERSITY DRIVE, SUITE 201
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name
MICHAEL EWELL
Street Address (P.O. Box Number is Not Acceptable)
11275 HYLAND CIRCLE
City
BOCA RATON FL
Zip Code
33428

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 *Michael Ewell* **MICHAEL EWELL, DIRECTOR** **1-29-02**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JAMES T JR. 1152 NORTH UNIVERSITY DRIVE, SUITE 201 PEMBROKE PINES FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James T. Anderson Jr 10940 LA SAUNAS CIRCLE BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Michael Ewell 11275 Hyland Circle BOCA RATON, FL 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Joseph BUTRIDGE 507 NIGHTINGALE COURT MILLERSVILLE, MD 21108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *James T. Anderson Jr* **JAMES T. ANDERSON JR** **1-29-02** **561-241-1445**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)