## 2002 UNIFORM BUSINESS REPORT (UBR)

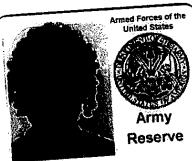
SIGNATURE:

## May 28, 2002 8:00 am Secretary of State P01000077502 DOCUMENT # 1. Entity Name 05-28-2002 91620 027 \*\*\*150 00 R. GEE'S, INC. Mailing Address Principal Place of Business 3490 N.W. 33 COURT 3490 N.W. 33 COURT LAUDERDALE LAKES FL 33309 LAUDERDALE LAKES FL 33309 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Ζip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARDNER, STEVE Street Address (P.O. Box Number is Not Acceptable) 1150 N.W. 72 AVENUE #760 Zip Code **MIAMI FL 33126** City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 'Added to Fees Trust Fund Contribution. Make Check Payable to Department of State and (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. (9/01)☐ Addition Change ☐ Delete TITLE TITLE NAME GEE-BODIE, RENEE NAME STREET ADDRESS 3490 N.W. 33 COURT STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES FL 33309 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET: ADDRESS STREET, ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAMÈ STREET ADDRESS 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 the empowered. CITY-ST-ZIP

FILED

## attachment

# PO1000 77502 435773



Bodie, Renee



Pay Grade

CPT

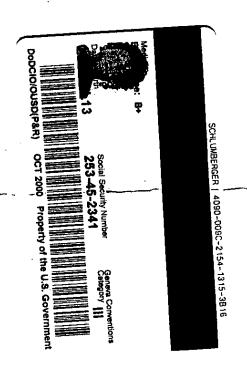


2002APR09 2005APR08

Geneva Conventions Identification Card

pthachment

# polo0077502 435773



Attachment

Dear: Florida Department of State

#P01000077502 435773

I am sorry that I missed the due date. I am in the Reserve and I was out of the country on military duty. I just got back and I realize that I did not pay the money. I am pregnant also, and I have been in and out of the doctor's office.

As you can see, I have a lot to go on in my life since January 1. I am asking for a one time waiver on the late fee. I am sorry about this, but I can assure you it will never happen again.

You can reach me at 305-942-3926 or 954-731-3070. Thank you for your help and understanding in this matter.

Sincerely,

Rence' Gee-Bodie

R. Gee's Inc.