

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90032 031 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PD1000092864** ✓

1. Entity Name

REWARD REAL ESTATE INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**2046 Champions Way**

Suite, Apt. #, etc.

3. Mailing Address  
**2046 Champions Way**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**North Lauderdale, FL**

City & State  
**North Lauderdale, FL**

4. FEI Number  
**65-1147405**

Applied For  
Not Applicable

Zip  
**33068-5467**

Country  
**USA**

Zip  
**33068-5467**

Country  
**USA**

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

**DO NOT WRITE IN THIS SPACE**

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

Name  
**David Lagerstrom**

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

**2046 Champions Way**

City  
**North Lauderdale FL** Zip Code  
**33068**

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
**PD**  
**David Lagerstrom**  
**2046 Champions Way**  
**N Lauderdale, FL 33068-5467**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dave Lagerstrom, PD**

Date

Daytime Phone #

CR2E034B (12/01)