

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90103 036 ***155.00

DOCUMENT # P01000113471

1. Entity Name
R.E.E.L. WEB ADVERTISING, INC.

Principal Place of Business **Mailing Address**
1499 W PALMETTO PARK ROD STE 418 **1499 W PALMETTO PARK ROD STE 418**
BOCA RATON FL 33486 **BOCA RATON FL 33486**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
City & State **City & State**
Zip **Country** **Zip** **Country**

4. FEI Number **Applied For**
05-1155927 **Not Applicable**

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

6. Name and Address of Current Registered Agent

HAWKINS, LYLE D
1955 SW 30 TERRACE
FT LAUDERDALE FL 33312

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANDAL, ELIAS E		NAME		
STREET ADDRESS	3718 PEBBLEBROOK MANOR		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33073		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAWKINS, LYLE D		NAME		
STREET ADDRESS	1955 SW 30 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33312		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUSCH, EVAN A		NAME		
STREET ADDRESS	1955 SW 30 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33312		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/2002
Date **Daytime Phone # 5131**

CR2E034 (9/01)