

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0642416 AT

04-30-2003 90160 044 ***150.00

DOCUMENT # P01000120729

1. Entity Name
THOMAS REILLY HOMES, INC.



Principal Place of Business
**2440 W. JONQUIL DR.
CITRUS SPRINGS FL 34434**

Mailing Address
**2440 W. JONQUIL DR.
CITRUS SPRINGS FL 34434**



2. Principal Place of Business
6 Hill Prince Dr
Suite, Apt. #, etc.

3. Mailing Address
6 Hill Prince Dr.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State **Orlando FL**
Zip **32482** Country **USA**

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Zip **32482** Country **USA**

4. FEI Number **45-0463498**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POST, WILLIAM A ESQ
20702 W PENN AVE.
DUNNELLON FL 34431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILLY, THOMAS M 2440 W. JONQUIL DR. CITRUS SPRINGS FL 34434	<input type="checkbox"/> Delete
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **THOMAS REILLY (PRESIDENT)** *Thomas Reilly* **4-27-2003** **352-362-2303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)