

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

DOCUMENT # P02000009895

1. Entity Name

J. M. REYES, P.A.



FILED

03 SEP 29 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1647 Marina Lake Drive

3. Mailing Address

717 E. Oak Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL 34744

City & State

Kissimmee, FL

Zip

34744

Country

USA

Zip

34744

Country

USA

4. FEI Number

26-0034593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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03

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Swart, Harry J CPA

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

717 E. Oak Street

City

Kissimmee

FL

Zip Code  
34744

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D,P,S,T  
Reyes, Jesus M.  
1647 Marina Lake Drive  
Kissimmee, FL 34744

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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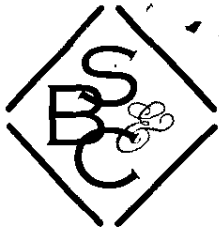
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



# SWART BAUMRUK & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS ♦ BUSINESS & FINANCIAL CONSULTANTS

HARRY J. SWART, CPA  
ANDY J. BAUMRUK, CPA

September 24, 2003

Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Annual Report  
J. M. Reyes, P.A. P02000009895

To Whom It May Concern:

Our client, J. M. Reyes, P.A., was incorporated on January 17, 2002. They did not receive the Annual Report in the mail. This being their first year of existence, they were unaware of the filing requirements to keep their corporation active.

Attached is a completed Annual Report for the year 2003 we prepared on their behalf and their payment of \$150.00. We ask that you abate the penalty for the reasons stated above. To ensure that report is received and filed in a timely manner, we have changed the mailing address of the corporation to our office.

Thank you for your consideration and we await your decision.

Sincerely,

Swart Baumruk & Company, LLP

Harry J. Swart, CPA

HJS/bh

Enclosures