

# 03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED

03 MAY 16 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500020046175  
05/28/03--01065--025 \*\*150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # <b>7-24637</b> 80200024637	
1. Entity Name <b>ROBERT N. REYNOLDS, P.A.</b>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1881 Lee Road</b>	3. Mailing Address <b>501 N. ORLANDO AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>313-240</b>

City & State <b>WINTER PARK, FL</b>	City & State <b>WINTER PARK, FL</b>
Zip <b>32789</b>	Zip <b>32789</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-2075964</b>	Applied For <input type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name <b>ROBERT N. REYNOLDS</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1881 Lee Road</b>	
City <b>WINTER PARK</b>	FL <b>32789</b>

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 \_\_\_\_\_ (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	<b>P, D ROBERT N. REYNOLDS</b> <b>1881 Lee Road</b> <b>WINTER PARK, FL 32789</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 a telephone number, or with a fax number.

SIGNATURE: **Robert N. Reynolds** 04-30-03 (407) 642-0048  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

21 5/22