


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 20 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0606264 AV

DOCUMENT #	P02000027749	
1. Entity Name REESE P BERT CO.		

Principal Place of Business RT. 6 BOX 593-A OKEECHOBEE FL 34974 US	Mailing Address RT. 6 BOX 593-A OKEECHOBEE FL 34974 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 01-0630606	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



04-03-02 90035 011 \$150.00  
☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent BERT, REESE P RT. 6 BOX 593-A OKEECHOBEE FL 34974	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED 4-28-03 86-634 6107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20034 (10/02)

Attachment

P02000027749

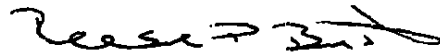
55034163

To: Division of Corporations  
Fr: Reese P Bert  
Date: 04-28-03  
Re: Refund

To whom it may concern,

I'm requesting to use a refund from last year to pay for this year's payment. I made a payment when I first applied for the corporation. My document number is P02000027749, my phone number is 863-634-0107 if you need to contact me.

Thank You,



ps-email address: reesebert@hotmail.com