2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

P02000037235 DOCUMENT #

1. Entity Name

REAGHALL INVESTMENTS, INC.

TITLE NAME

TITLE

NAME

TITLE

NAME

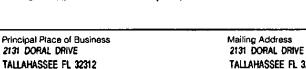
STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP





9/9/2003-90026-047-\$550.00-\$550.00

03 SEP 22 AM 10: 20

SECRETARY DE STATE TALLAHASSEE, FLORIDA

Principal Place of Business 2131 DORAL DRIVE TALLAHASSEE FL 32312 2. Principal Place of Business		Mailing Address 2131 DORAL DRIVE TALLAHASSEE FL 32312 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State			4.	FEI Number 74 - 3036299	—	Applied For Not Applicable	<u>, </u>
Zip Country		Zip Co.		ntry	5.	5 Cartificate of Status Desired		8.75 Additional se Required	
,	6. Name and Address of Curre	nt Registered Agent	red Agent			7. Name and Address of New Registered Agent			
				Name				-	7
THOMPSON, SUSAN S				Characteristics (OC Day Number in Net Assessed In					-
3520 THOMASVILLE ROAD				Street Address (P.O. Box Number is Not Acceptable)					
4TH FLQC	OR .								1
TALLAHASSEE FL 32309						,			4
ALTERN NÂ	33CE 1 E 32303		City			FL Zip Code			
	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered age				registered ag	gent, or both, in the State of Florida. I am fam einstating) DATE	niliar with	, and accept	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee Will be \$550.0 Payable to Fiorida Department		-	* G#		. 9. Election.Campaign.Financing.		00 May Be — ad to Fees	-
10. OFFICERS AND DIRECTORS		D DIRECTORS	11.	11.		DDITIONS/CHANGES TO OFFICERS AND D	RECTO	RS IN 11]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hobbs, Reagan H 2131 Doral Drive Tallahassee Fl 32312	☐ Delicte				,] Change	■ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete				C] Change	Addition	CR2
TITLE NAME STREET ADDRESS CUTY, ST. 78		☐ Delete		T9	Ral	<u> </u>] Change	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 of 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.

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Deletæ

☐ Delete

850-668-7147

☐ Change

Change

☐ Change

☐ Addition

Addition

■ Addition