2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000053225

Entity Name: REEL EQUIPMENT EAST, INC

FILED Apr 07, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14799 SW 176 STREET 345 MINOLA DR

MIAMI, FL 33187 MIAMI SPRINGS, FL 33166

Current Mailing Address: New Mailing Address:

14799 SW 176 STREET 345 MINOLA DR

MIAMI, FL 33187 MIAMI SPRINGS, FL 33166

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOLEY, WILLIAM MR
FOLEY, WILLIAM MR

14799 SW 176 STREET MINOLÁ DR

MIAMI, FL 33187 US MIAMI SPRINGS, FL 33166 US

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.

SIGNATURE: WILLIAM FOLEY 04/07/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 FOLEY, WILLIAM J MR
 Name:
 FOLEY, WILLIAM J MR

 Address:
 14799SW 176 STREET
 Address:
 245 MINOLA DR

City-St-Zip: MIAMI, FL 33187 City-St-Zip: MIAMI SPRINGS, FL 33166

Title: S () Delete Title: () Change () Addition Name: FOLEY, WILLIAM J MR Name:

 Address:
 14799SW 176 STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33187
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 FOLEY, WILLIAM J MR
 Name:

 Address:
 14799SW 176 STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33187
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM FOLEY PRES 04/07/2003