

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90127 023 ***150.00

DOCUMENT # P02000063524

1. Entity Name

MORE THAN WORDS OF ST. AUGUSTINE, INC.



Principal Place of Business

**100 X ST. AUGUSTINE SOUTH DRIVE
ST. AUGUSTINE FL 32086**

Mailing Address

**100 X ST. AUGUSTINE SOUTH DRIVE
ST. AUGUSTINE FL 32086**

2. Principal Place of Business

100 ST. AUGUSTINE SOUTH DR.

Suite, Apt. #, etc.

SUITE E

City & State

ST. AUGUSTINE, FL

Zip

32086

Country

ST. JOHNS

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0616248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EBERLING, ROBERT A

~~1400 OLD DIXIE HWY, STE. D~~ **1797 OLD MOULTRIE RD.
ST. AUGUSTINE FL 32084 SUITE 107**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete
NAME **KATHLEEN REIFFENSTEIN**
STREET ADDRESS **100 ST. AUGUSTINE SOUTH DR., SUITE E**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32086**

TITLE **SECRETARY** ☐ Delete
NAME **SHELDON REIFFENSTEIN**
STREET ADDRESS **100 ST. AUGUSTINE SOUTH DR., SUITE E**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32086**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **KATHLEEN REIFFENSTEIN**
STREET ADDRESS **100 ST. AUGUSTINE SOUTH DR., SUITE E**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32086**

TITLE **S** ☐ Change ☒ Addition
NAME **SHELDON REIFFENSTEIN**
STREET ADDRESS **100 ST. AUGUSTINE SOUTH DR., SUITE E**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32086**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **K. M. REIFFENSTEIN** 3-31-03 904 794-9660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)