## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P02000072755



**FILED** Jan 15, 2003 8:00 am Secretary of State

1. Entity Name JEANETTE (	B. REID, PH.D., P.A.			01-15-2003 9023	2 046 ***150.00	
Principal Place of Business 840 BEACH DRIVE NE ST. PETERSBURG FL 33701		Mailing Address 840 BEACH DRIVE NE ST. PETERSBURG FL 33701				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAI	KING CHANGES	
City & State		City & State		4. FEI Number 02-0631025	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
REID, JEANET 3025 50TH ST GULFPORT FL	. <b>SO</b> .		Name	fress (P.O. Box Number is Not Acceptable)	Zin 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.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

DATE

10.	OFFICERS AND DIR	RECTORS	11.	ADDITIONS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, JEANETTE B 3025 50TH STREET SO. GULFPORT FL 33707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
- TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change. Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: