## ?

FILED

Secretary of State

02-13-2003 90243 013 \*\*\*150.00

Feb 13, 2003 8:00 am

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #

P02000078364

1. Entity Name

REAGAN SYSTEMS, INC.



Mailing Address Principal Place of Business 3535 CEDAR MOUNTAIN AVE 3535 CEDAR MOUNTAIN AVE MELBOURNE FL 32934 MELBOURNE FL 32934 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 22-3868036 \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FINANCIAL FOUNDATIONS, INC. Street Address (P.O. Box Number is Not Acceptable) 3150 SANDY RIDGE DR **CLKEARWATER FL 33761** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing Added to Fees After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME REAGAN, JAMES M STREET ADDRESS 3535 CEDAR MOUNTAIN AVE STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32934 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE . ~ - Delete - - - - - -TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/13

Daytime Phone #

CR2E034 (10/02)