

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90397 046 ***150.00

DOCUMENT # P02000126447

1. Entity Name
REE-RUNS FOR WEE-ONES, INC.



Principal Place of Business
**11625 KENLEY CIRCLE
ORLANDO FL 32824**

Mailing Address
**11625 KENLEY CIRCLE
ORLANDO FL 32824**



2. Principal Place of Business

2760 Michigan Ave.

3. Mailing Address

2760 Michigan Ave.

Suite, Apt., #, etc.

Suite, Apt., #, etc.

Suite #4

Suite #4

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34744

Country

USCBLA

Zip

34744

Country

USCBLA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

11-3668169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CLUNEY, STEPHEN
11625 KENLEY CIRCLE
ORLANDO FL 32824**

7. Name and Address of New Registered Agent

Name

Cluney, Stephen

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

2760 Michigan Ave Suite #4

City

Kissimmee, FL

FL

Zip Code

34744

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

Stephen Cluney

2-6-03

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	D	<input type="checkbox"/> Delete
NAME	CLUNEY, DONNA	
STREET ADDRESS	11625 KENLEY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	D	<input type="checkbox"/> Delete
NAME	GHANEM, KATHLEEN	
STREET ADDRESS	477 BOHANNON BLVD.	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cluney, Stephen	
STREET ADDRESS	11625 Kenley Circle	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ghanem, Nabil	
STREET ADDRESS	477 Bohannon Blvd	
CITY-ST-ZIP	Orlando, FL 32824	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Stephen Cluney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-933-7722

CR2E034 (10/02)