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



Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90181 013 \*\*\*150.00

DOCUMENT #	P02000127364
1. Entity Name	
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R SHOPS, INC. Principal Place of Business Mailing Address 7 FERGUSON COURT 7 FERGUSON COURT PALM COAST FL 32137 PALM COAST FL 32137 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 22-388 7758 Not Applicable Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required ress of Current Registered Agent 7. Name and Address of New Registered Agent REEGER, JAN J Street Address (P.O. Box Number is Not Acceptable) 7 FERGUSON COURT PALM COAST FL 32137 City 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. TITLE Delete TITLE Reeger, Jan J. REEGER, JAN L 7 FERGUSON COURT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM COAST FL 32137 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete DDE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

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