

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-05-2004 90007 022 ***150.00

DOCUMENT # **P03000153511**
1. Entity Name **THOMAS A. REYNOLDS CONSTRUCTION, INC.**
20711 NORTH ROAD
ALTOONA, FL 32107-9309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **20711 NORTH RD.**
Suite, Apt. #, etc.
3. Mailing Address **20711 NORTH RD.**
Suite, Apt. #, etc.

City & State **ALTOONA, FL**
Zip **32107-9309** Country **LAKE**
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Zip **32107-9309** Country **LAKE**

4. FEI Number **77-0616089** Applied For Not Applicable
5. Certificate of Status Desired **\$875** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **THOMAS A. REYNOLDS**
Street Address (P.O. Box Number is Not Acceptable) **20711 NORTH RD.**
City **ALTOONA** FL Zip Code **32107-9309**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing - **\$5.00** May Be Added to Fees
Trust Fund Contribution.

| 10. OFFICERS AND DIRECTORS | | | |
|--|--|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT THOMAS A. REYNOLDS 20711 NORTH RD. ALTOONA, FL 32107-9309 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with or without other like empowered.

SIGNATURE: **THOMAS A. REYNOLDS, PRESIDENT**
Thomas A. Reynolds
Date **3-1-04** Daytime Phone # _____

CR2E034B (12/02)