

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000012005

1. Entity Name

Rehab Enterprise, Inc.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90051 019 ***150.00

957369

Principal Place of Business
940 Live Oak Ave NE
St. Petersburg, FL 33703

Mailing Address
940 Live Oak Ave NE
St. Petersburg, FL 33703

2. Principal Place of Business
940 Live Oak Ave NE
Suite, Apt. #, etc.

3. Mailing Address
940 Live Oak Ave NE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number
59-3165700

Applied For
Not Applicable

Zip
33703

Country
USA

Zip
33703

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Reynas, Joselito C.
940 Live Oak Ave NE
St. Petersburg, FL 33703

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reynas, Joselito C. 940 Live Oak Ave NE St. Petersburg, FL 33703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE X *Joselito Reynas* Joselito Reynas X 5/1/00 X 727-525-3956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)