

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90257 032 ***158.75

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DOCUMENT # P93000017102

1. Entity Name
DE-RE'S INC.

Principal Place of Business

**18514 N. LAKESHADOW DR
 BATON ROUGE LA 70817
 US**

Mailing Address

**225 S. SWOOPE AVE
 STE 105
 MAITLAND FL 32751-5786
 US**

2. Principal Place of Business

**9533 FENWAY AVE
 Suite, Apt. #, etc.
 SUITE A**

3. Mailing Address

**9533 FENWAY AVE
 Suite, Apt. #, etc.
 SUITE A**

City & State

BATON ROUGE, LA

City & State

BATON ROUGE, LA

Zip

70809

Country

US

Zip

70809

Country

US

4. FEI Number

59-3169849

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FREEZE, JUDAH B.
 225 S. SWOOPE AVE, STE 105
 MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

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

3621 MIRROR LAKE DR

City

APOPKA

FL

Zip Code

32703

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 **JUDAH B. FREEZE**

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, 2001 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

TITLE **PVT** ☐ Delete
 NAME **FREEZE, JUDAH**
 STREET ADDRESS **18514 N. LAKESHADOW DR**
 CITY-ST-ZIP **BATON ROUGE LA**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **JEANENE D. FREEZE**
 STREET ADDRESS **18514 N. LAKE SHADOW DR**
 CITY-ST-ZIP **BATON ROUGE, LA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Jeanene D. Freeze
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/01

Daytime Phone #

CR2E034 (10/00)