

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90224 007 ***150.00

DOCUMENT # P93000033070

1. Entity Name
REAGIN'S EURO MOTORS, INC.



Principal Place of Business
644 S MAGUIRE RD
OCOE FL 34761
US

Mailing Address
644 S MAGUIRE RD
OCOE FL 34761
US

2. Principal Place of Business
900 S. French Avenue
Suite, Apt. #, etc.

3. Mailing Address
900 S. French Avenue
Suite, Apt. #, etc.

City & State
Sanford, FL

City & State
Sanford, FL

4. FEI Number **59-3180866**

Applied For
Not Applicable

Zip Country
32771 Seminole

Zip Country
32771 Seminole

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

6. Name and Address of Current Registered Agent

REAGIN, MATTHEW K
644 S MAGUIRE RD
OCOE FL 34761

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
900 S. French Avenue
City **Sanford** FL Zip Code **32771**

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 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 ☐ Delete
NAME **D REAGIN, MATTHEW K**
STREET ADDRESS **644 S MAGUIRE RD**
CITY-ST-ZIP **OCOE FL**

TITLE ☐ Delete
NAME **D REAGIN, MICHAEL S**
STREET ADDRESS **644 S MAGUIRE RD**
CITY-ST-ZIP **OCOE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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NAME
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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:

SIGNATURE REQUIRED: MATTHEW K REAGIN

2/11/03 407 324-3111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)