

2000 UNIFORM BUSINESS REPORT (UBR)

6/1/2000 10:00:00 AM

FILED
Aug 03, 2000 8:00 am
Secretary of State

06-22-2000 90050 023 ***150.00
 08-03-2000 90001 034 ***400.00

DOCUMENT # **P930000035373**
 1. Entity Name **REEF Property Management, Inc.**

Principal Place of Business Mailing Address
10 Barracuda Lane
Key Largo FL 33037-3733 US

2. Principal Place of Business 3. Mailing Address
10 BARRACUDA LANE **SPRING**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Key Largo FL **SPRING**
 Zip Country Zip Country
33037 **FL** **33037** **FL**

4. FEI Number **65-0420379** ☒ Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 Name **MILDRED LARSEN**
 Street Address (P.O. Box Number is Not Acceptable)
9 PERKY ROAD
 City **Key Largo** State **FL** Zip **33037**

7. Name and Address of New Registered Agent
 Name **MILDRED LARSEN**
 Street Address (P.O. Box Number is Not Acceptable)
9 PERKY ROAD
 City **Key Largo** State **FL** Zip **33037**

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 **Mildred C. Larsen**
 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILDRED LARSEN <input type="checkbox"/> Delete OWNER 9 PERKY ROAD Key Largo FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Mildred C. Larsen**
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (8/99)