

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000083791

1. Entity Name

REIDY ENTERPRISES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90064 026 ***150.00

Principal Place of Business

Mailing Address

103 MICHELLE CT
PANAMA CITY FL 32407
US

103 MICHELLE CT
PANACITY FL 32407-5672
US

2. Principal Place of Business

130 RUSTY LANS DR
Suite, Apt. #, etc.

3. Mailing Address

130 RUSTY LANS
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY FL

City & State

PANAMA CITY FL

4. FEI Number

59-3211586

Applied For

Not Applicable

Zip

32408

Country

BAI

Zip

32408

Country

BAI

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAM A REIDY
103 MICHELLE COURT
PANAMA CITY FL 32407

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

William A Reidy

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 D ☐ Delete
NAME REIDY, WILLIAM G.
STREET ADDRESS 103 MICHELLE COURT
CITY-ST-ZIP PANAMA CITY BEACH FL

TITLE D ☐ Delete
NAME REIDY, JOAN C
STREET ADDRESS 103 MICHELLE COURT
CITY-ST-ZIP PANAMA CITY BEACH 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

12. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

William A Reidy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-00
Date

880-233-8430
Daytime Phone #

CR2E034 (9/99)