2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 10, 2002 8:00 am Secretary of State **DOCUMENT #** P93000083791 03-06-2002 90076 047 ***150.00 1. Entity Name REIDY ENTERPRISES, INC. Principal Place of Business Mailing Address 130 RUSTY GANS DR 130 RUSTY GANS DR PANAMA CITY FL 32408 PANAMA CITY FL 32408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt-#, etc-DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent nd Address of New Registered Agent Keiol WILLIAM AJREIDY -130 RUSTY- AANS DR PHNAMA CITY, EL Street Address (P.O. Box Number is Not Acceptable) 103 MICHELLE COURT 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 _ (NOTE: Registered Agent signature required when FILE-NOW!!!-FEE-19-9150:00 This corporation is eligible to satisfy its intendial \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fee (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE (<u>9</u>/0 ☐ Addition REIDY, WILLIAM G NAME NAME 130 RUSTY LAWS STREET ADDRESS 103 MICHELLE-COURT STREET ADDRESS CR2E034 CITY-ST-ZIP PANAMA CITY BEACH FL CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME REIDY, JOAN C 130 RUSTY AMUS STREET ADDRESS 100 MICHELLE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP MILE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 egipowered.