

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085806

1. Entity Name

REVELEY RESOURCES, INC.

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90032 035 \*\*\*150.00

Principal Place of Business

Mailing Address

777 HARBOUR ISLAND BLVD  
TAMPA FL 33602  
US

4234 FAIRWAY CIRCLE  
TAMPA FL 33624  
US

2. Principal Place of Business

3. Mailing Address

10014 N. YANE MARY HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

City & State

City & State

TAMPA FL

Zip

33618

Country

HILLSBOROUGH

Zip

Country

4. FEI Number 59-3216502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, TREVOR G  
4234 FAIRWAY CIRCLE  
TAMPA FL 33624

Name

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

City

FL

Zip Code

8. The above information is submitted for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of registered agent, 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. ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, TREVOR G	
STREET ADDRESS	4234 FAIRWAY CIRCLE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, NOLA R	
STREET ADDRESS	4234 FAIRWAY CIRCLE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TREVOR G. SMITH 1-4-01 813-908-9773

CR2E034 (10/00)