

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90705 030 \*\*\*150.00

**DOCUMENT # P94000028985**

1. Entity Name

REESER, RODNITE & ZDRAVKO, P.A.



Principal Place of Business

31115 US HWY 19 NORTH  
PALM HARBOR FL 34684  
US

Mailing Address

31115 US HWY 19 NORTH  
PALM HARBOR FL 34684  
US

2. Principal Place of Business

248 Palm Harbor Blvd.

3. Mailing Address

248 Palm Harbor Blvd.

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

Zip

34683

Country

USA

Zip

34683

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3236242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REESER, MICHAEL S

31115 U S HWY 19 NORTH

PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name

Michael S. Reeser

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

248 Palm Harbor Blvd

Suite A

City

Palm Harbor

FL

Zip Code

34683

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

1/7/03

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	REESER, MICHAEL S	
STREET ADDRESS	31115 US HWY 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RODNITE, ANDREW J JR	
STREET ADDRESS	31115 U S HWY 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34684	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael S. Reeser	
STREET ADDRESS	248 Palm Harbor Blvd, Ste. A	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew J. Rodnite, Jr.	
STREET ADDRESS	248 Palm Harbor Blvd., Ste. A	
CITY-ST-ZIP	Palm Harbor FL 34683	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TD Zdravko	
STREET ADDRESS	248 Palm Harbor Blvd, Ste. A	
CITY-ST-ZIP	Palm Harbor FL 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03 (727) 787-5919

Date

Daytime Phone #

CR2E034 (10/02)