## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000081728

1. Entity Name J-REH, INC.

Principal Place of Business

Mailing Address

Feb 13, 2001 8:00 am Secretary of State 02-13-2001 90336 001 \*\*\*272.50

5 <del>705 GREENWA</del> LAKELAND FL <del>9</del> 68 <b>9</b> 2		LAKE	GREENWAY CIRCLE LAND FL 39905 6802 SG.M	141 ER 771	ing Un			ozro -		 	<b>a</b> i 9001 1031	
2. Principal Place of Business			3 Mailing Address									
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Suite, Apt.	#, etc.	Si	uite, Apt. #, etc.			1	•	DO NOT WRITE	N THIS SM	ACE		
City & State			ity & State	<u> </u>	4.	FEI Number	59-3276738			oplied For ot Applicable	]_	
Zip Country		Z	Zip Cou		try	5. Certificate of Status Desired		Status Desired	\$8.75 Additional Fee Required			
	6. Name and Address of Curre	ent Registe				7.	7. Name and Address of New Registered Agent					
وزاد	přno ixiáré d				Name							
REHBERG, JAMES H <del>5705 GREENWAY C</del> IRCLE LAKELAND FL 33805			NEW ADDRESS: JAMES H. REHBERG 6802 SHIMMERING DRIVE		Street Address (P.O. Box Number is Not Acceptable)							
			LAKELAND, FL 33813		City			· · ·	FL	Zip Cod	e	1
8. The above	named entity submits this statemen	it for the pu	rpose of changing its	registere	ed office or regi	istered a	gent, or both, i	n the State of Florid	а.	1		1
	•							·				
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if	applicable. (NOTE	: Registere	d Agent signature rec	quired 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, 2001 Fee will be \$550.00 Make Check Payable to Department of St					on Campaign Finant Fund Contribution.	cing		0 May Be d to Fees	
11.	OFFICERS A	ND DIREC	-	12.	-		DDITIONS/CH	IANGES TO OFFICE	RS AND E	DIRECTOR	S IN 11	1.
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NAME	REHBERG, JAMES H	/ Genz B			- 1							1 5
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	LAKELAND FL 33805		Delete	TITLE					ſ	Change	☐ Addition	占
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13. I hereby certify that the information supplied with this filling 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 trostee 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:

Jana 4 Rehbry