

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90064 045 ***163.75

DOCUMENT #

1. Entity Name *J Reh Inc*

James H. Rehberg
6802 Shimmering Dr.
Lakeland, FL 33813

P94000081728

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6802 SHIMMERING DR

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lakeland, Fla

Zip

Country

Zip

Country

33813

Polk

4. FEI Number

Applied For

59-3216738

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

James H. Rehberg

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

6802 SHIMMERING DR

City

Lakeland

FL

Zip Code

33813

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

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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President James H. Rehberg 6802 Shimmering Dr Lakeland, Fla 33813</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sec - Treasurer Linda G. Rehberg 6802 Shimmering Dr Lakeland, Fla.</i>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02

Date

863-646-8450

Daytime Phone #

CR2E034B (12/01)