

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011340

1. Entity Name

SUSAN REYMOND ENTERPRISES, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90195 048 ***150.00

Principal Place of Business

Mailing Address

227 AUSTRALIAN AVENUE STE. 5A
PALM BEACH FL 33480

227 AUSTRALIAN AVENUE STE. 5A
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE A-303

STE A-303

City & State

City & State

PALM BEACH, FL

PALM BEACH, FL

Zip

Country

Zip

Country

33480

PALM BEACH

33480

PALM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number

22-2821582

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

REYMOND, SUSAN G
227 AUSTRALIAN AVENUE STE. 5A
PALM BEACH FL 33480

Name

REYMOND, SUSAN G.

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

44 COCOANUT ROW

STE A-303

City

PALM BEACH, FL

Zip Code

33480

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

Susan G. Raymond - SUSAN G. REYMOND

1-27-01

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)

☒

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 D ☒ Delete
NAME REYMOND, SUSAN G
STREET ADDRESS 227 AUSTRALIAN AVENUE STE. 5A
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☒ Change ☐ Addition
NAME REYMOND, SUSAN G
STREET ADDRESS 44 COCOANUT ROW - STE A-303
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Susan G. Raymond - SUSAN G. REYMOND

Date

Daytime Phone #

1-27-01 (561) 659-1426

CR2E034 (10/00)