

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020355

1. Entity Name

REYNOLDS, SMITH AND HILLS CS, INCORPORATED

Principal Place of Business

300 SOUTH PINE ISLAND ROAD
SUITE 300
PLANTATION FL 33324-2619
US

Mailing Address

4651 SALISBURY RD
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTSON, DAVID K
4651 SALISBURY RD
JACKSONVILLE FL 32256

Name

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

City

FL

Zip Code

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) ☐

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 VTSD ☐ Delete
NAME ROBERTSON, DAVID K
STREET ADDRESS 4651 SALISBURY RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE Executive VP ☐ Change ☒ Addition
NAME Kenneth R. Jacobson
STREET ADDRESS 4651 Salisbury Road
CITY-ST-ZIP Jacksonville, FL 32256

TITLE PD ☐ Delete
NAME BARNES, DALE A
STREET ADDRESS 300 SOUTH PINE ISLAND, SUITE 300
CITY-ST-ZIP PLANTATION FL

TITLE VP ☐ Change ☒ Addition
NAME Clark W. Cryderman
STREET ADDRESS 300 South Pine Island Road, Ste 300
CITY-ST-ZIP Plantation, FL 33324

TITLE CD ☐ Delete
NAME JENKINS, LEERIE T JR.
STREET ADDRESS 4651 SALISBURY RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP ☐ Change ☒ Addition
NAME David J. Eberspacher
STREET ADDRESS 4651 Salisbury Road
CITY-ST-ZIP Jacksonville, 32256

TITLE V ☐ Delete
NAME GEIGER, DOUGLAS D
STREET ADDRESS 300 SOUTH PINE ISLAND ROAD SUITE 300
CITY-ST-ZIP PLANTATION FL

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

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
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

Kenneth R. Jacobson Ex. VP 05/26/01

Date

Daytime Phone #

904-279-2116

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90004 011 ***158.75

J 4 1 3 4 V



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0577658** ☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

CR2E034 (10/00)