

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000021655

1. Entity Name

THOMAS J. REILLY ACCOUNTANTS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90246 022 ***150.00

Principal Place of Business

Mailing Address

134 FIFTH AVE.
~~SUITE 103~~
INDIALANTIC FL 32903

134 FIFTH AVE.
~~SUITE 103~~
INDIALANTIC FL 32937-3083

2. Principal Place of Business

599 SHERWOOD AVE

Suite, Apt. #, etc.

200

City & State
SATELLITE BEACH, FL

Zip

32937

Country

USA

3. Mailing Address

599 SHERWOOD AVE

Suite, Apt. #, etc.

200

City & State
SATELLITE BCH, FL

Zip

32937

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3305151

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

REILLY, THOMAS J

134 FIFTH AVE.

SUITE 103

INDIALANTIC FL 32903

Name
REILLY, THOMAS J.

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

599 SHERWOOD AVE #200

City
SATELLITE BEACH FL Zip Code
32937

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, 2000 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	<input type="checkbox"/> Delete
NAME	REILLY, THOMAS J	
STREET ADDRESS	134 FIFTH AVE., SUITE 103	
CITY-ST-ZIP	INDIALANTIC FL 32903	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ADDRESS CHANGE	
CITY-ST-ZIP		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

2-25-00 777 7617

CR2E034 (9/99)