

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000081284

1. Entity Name

WALTER REYNOLDS & ASSOCIATES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90306 047 ***150.00

Principal Place of Business

3469 DOCKSIDE DRIVE NO.
JACKSONVILLE FL 32257

Mailing Address

3469 DOCKSIDE DRIVE NO.
JACKSONVILLE FL 32257

2. Principal Place of Business

3469 Docksider Dr.

3. Mailing Address

3469 Docksider Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3357080

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RONEMOUS, GEORGE P
3469 DOCKSIDE DRIVE NO.
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

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

3469 Docksider Drive

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
D RONEMOUS, WALTER C
14634 ROSEHILL DRIVE
HOUSTON TX 77070 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
D RONEMOUS, JOYCE C
14634 ROSEHILL DRIVE
HOUSTON TX 77070 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
D RONEMOUS, JOHN C
10466 SPINDRIFT LANE
JACKSONVILLE FL 32257 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
D RONEMOUS, GEORGE P
3469 DOCKSIDE DRIVE NO.
JACKSONVILLE FL 32257 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
3469 Docksider Dr. No. ☒ Change ☐ Addition

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

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-701 (909) 262-3747

CR2E034 (10/00)