

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012930

1. Entity Name

R. E. HOLDINGS, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90096 001 ***150.00

Principal Place of Business

Mailing Address

FOUR PINES
PLANT CITY FL 33565

7611 FOUR PINES
PLANT CITY FL 33565-3127
US

2. Principal Place of Business

3. Mailing Address

7611 Four Pines Rd
Suite, Apt. #, etc.

7611 Four Pines Rd
Suite, Apt. #, etc.

City & State

Plant city Fla

City & State

Plant city Fla

Zip
33565

Country

USA

Zip
33565

Country

USA

4. FEI Number

59-3369483

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

REED, WARREN P
7611 FOUR PINES RD
PLANT CITY FL 33565

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, 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	P	<input type="checkbox"/> Delete
NAME	REDD, WARREN P	
STREET ADDRESS	7611 FOUR PINES RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	STVD	<input type="checkbox"/> Delete
NAME	EAKER, PAULA D	
STREET ADDRESS	7611 FOUR PINES RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE		<input type="checkbox"/> Delete
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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:

Sharon R. Recer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00
Date

813-986-9041
Daytime Phone #

CR2E034 (9/99)