

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018759

1. Entity Name

J.J. REESE, INC.

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90044 022 ***150.00

Principal Place of Business

Mailing Address

1211 N WESTSHORE BLVD

1211 N WESTSHORE BLVD

STE 107

STE 107

TAMPA FL 33607-4601

TAMPA FL 33607-4601

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3365408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REESE, JANETTE

1411 NORTH WESTSHORE BLVD., SUITE 110

TAMPA FL 33607-4528

Name

Garret T. Barnes, Esq.

Street Address (P.O. Box Number is Not Acceptable)
Barnes Walker, Chartered

3119 Manatee Avenue West

City

Bradenton

FL

Zip Code
34205

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

3/14/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
REESE, JANETTE
2804 BELLE CHASE CIRCLE
TAMPA FL 33634 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPSAT
Reese, Michael R.
P. O. Box 630532
Irving, TX 75063 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Rosarie Carlton
15906 Eagle River Way
Tampa, FL 33624-1599 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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 all other like empowered.

SIGNATURE:

J.J. Reese, Inc.
Rosarie Carlton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rosarie Carlton, Treasurer

813-968-5485

Date

Daytime Phone #

CR2E034 (9/99)