

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90061 008 ***150.00

DOCUMENT # P96000018759

1. Entity Name

J.J. REESE, INC.

Principal Place of Business

**1211 N WESTSHORE BLVD
STE 107
TAMPA FL 33607-4601
US**

Mailing Address

**1211 N WESTSHORE BLVD
STE 107
TAMPA FL 33607-4601
US**

2. Principal Place of Business

8001 N Dale Mabry-Hwy

Suite, Apt. #, etc.

301A

City & State

Tampa, FL

Zip

33614-3264

Country

USA

3. Mailing Address

8001 N Dale Mabry Hwy

Suite, Apt. #, etc.

301A

City & State

Tampa, FL

Zip

33614-3264

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3365408**

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****BARNES, GARRET T
3119 MANATEE AVENUE WEST
BRADENTON FL 34205**

Name

Rosarie Carlton

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

15906 Eagle River Way

City

Tampa**FL**

Zip Code

33624-1599

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

1-17-01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DPST			
	REESE, MICHAEL R	P.O. BOX 630532	IRVING TX 75063	

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	T			
	CARLTON, ROSARIE	15906 EAGLE RIVER WAY	TAMPA FL 33624	

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosarie Carlton Treasurer

Date

Daytime Phone #

2-17-01 813-968-5485

CR2E034 (10/00)