## 2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM E	2001 UNIFORM BUSINESS REPORT (UBR)				FILED			
DOCUMENT # P96000054965  1. Entity Name  REYERSON SERVICES INC.				Jan 17, 2001 8:00 am Secretary of State				
HETEROUN SERVICES INC.				01-17-2001 90003 0	17 ***150.0	0		
Principal Place of Business	incipal Place of Business Mailing Address							
716 ST ALBANS DR BOCA RATON FL 33486 US	716 ST ALBANS DR BOCA RATON FL 33486 US			n <b>nn</b> 03{	333			
2. Principal Place of Business	3. Mailing Address							
52.50 WV. EVER NOA. Suite, Apt. #, etc.	8 5350 MV Ever Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
POST Jant Lucie FL	ANT LUCY & FL PORT SAME CO		4. FEI Nur	4. FEI Number 65-0677869		Applied For Not Applicable		
Zip Country 34983 USA	34983	Country USA	5. Certifica	ate of Status Desired	\$8.75 Add			
	Current Registered Agent -	Nome of		nd Address of New Register	ed Agent			
REYERSON, ANNA MARIE		· · · · · · · · · · · · · · · · · · ·	yerson	Anna MARIE				
716 ST ALBANS DR BOCA RATON FL 33486		5 250	D.W.W.	nber is Not Acceptable)		**-	-	
DOUA RATON FL 33400	1	City Page	<u> </u>		■∎ Zip Cod	9.003	1	
A 71 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7/		- JAME LU		L Zip Sod	2983	}	
8. The above named entity submits this sta		registered office of reg	listered agent, or				,	
SIGNATURE Signature, typed or eninted name of required	steer agent and title if applicable. (NOTE	: Registered Agent signature re-	quired when reinstating)		-01	<del></del>		
9. This corporation is eligible to satisfy is I	1	!! FEE IS \$150.00	40	Floritor Compoins Financias	<b>65.0</b>			
Tax filing requirement and elects to do so After MAY 1		01 Fee will be \$550. le to Department of	00	Election Campaign Financing Trust Fund Contribution.		May Be to Fees		
	ERS AND DIRECTORS	12.		IS/CHANGES TO OFFICERS A		S IN 11	_ ا	
TITLE D NAME REYERSON, ANNA MAR	Delete	TITLE PARE	resident Reserson	ANNA MARIE	Change	☐ Addition	10/00	
STREET ADDRESS 716 ST ALBANS DR	716 ST ALBANS DR		5250 N.M	ANNA MARIE 1. Ever ROAD Ucie, F 34983			1 780	
TITLE BOCA RATON FL 33486	Delete Delete	CITY-ST-ZIP	PORT ST, L	UCIE, P 37783	Change	☐ Addition	200	
NAME Street address		NAME STREET ADDRESS						
CITY-ST-ZIP		CHY-ST-ZIP			· · ·			
TITLE NAME	☐ Delete	TITLE NAME		ب <del>ا</del> المحمد ال	- Change	☐ Addition		
STREET ADDRESS		STREET ADDRESS						
CITY-ST-ZIP TITLE	Delete	CITY-ST-ZIP			☐ Change	☐ Addition		
NAME	in Delidic	NAME			snange			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP						
TITLE	☐ Delete	TITLE			☐ Change	☐ Addition	l	
NAME STREET ADDRESS		NAME STREET ADDRESS						
CITY-ST-ZIP		CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE NAME	☐ Delete	NAME			□ Change	Addition		
STREET ADDRESS CITY-ST-ZIP	$\bigcap$	STREET ADDRESS CITY-ST-ZIP						
13. I hereby certify that the information suprindicated on this report or supplementa of the corporation or the receive or true changed, or on an attachment with an	If report is true and accurate and that makes employeed to execute this report a address, with all other like empowered.	ny signature shall have as required by Chapter	the same legal ef r 607, Florida Stat	fect as if made under oath; tha utes; and that my name appea	certify that the in it I am an officer is in Block 11 or	nformation or director r Block 12 if		
SIGNATURE:	THE OR PRINTED NAME OF SIGNING OFFICER O	ANCIE REYEISON	President	1-5-01 3	761-340 Daytime Phone #	j	 	