

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
 03-15-2001 90191 036 ***150.00

0354303

DOCUMENT # P96000094360

1. Entity Name
REALITY ENTERPRISES, INC.

Principal Place of Business

4113 W HORATIO ST
 TAMPA FL 33609

Mailing Address

4113 W HORATIO ST
 TAMPA FL 33609

00040103

2. Principal Place of Business

3219 W Wyoming Ave
 Suite, Apt. #, etc.

3. Mailing Address

3219 W. Wyoming Ave.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number **59-3411228**

Applied For
 Not Applicable

Zip *33611* Country *USA*

Zip *33611* Country *USA*

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PAYNE, SANDRA L
 4217 SAN RAFAEL ST
 TAMPA FL 33629

7. Name and Address of New Registered Agent

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, 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	DPT	<input type="checkbox"/> Delete
NAME	PALMER, MARYNELL B	
STREET ADDRESS	4113 W HORATIO ST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	PALMER, DENISE D	
STREET ADDRESS	4113 W HORATIO ST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3919 Versailles Drive	
CITY-ST-ZIP	Tampa, FL 33634	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zentler, Denise P.	
STREET ADDRESS	3219 W. Wyoming Ave	
CITY-ST-ZIP	Tampa, FL 33611	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Denise Palmer Zentler* DENISE P. ZENTLER 3/12/01 813-886-3193
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)