

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90198 041 ***150.00

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DOCUMENT # P97000029382

1. Entity Name
REEF CUSTOM ELECTRIC, INC.



Principal Place of Business
**5 BARRACUDA LANE
KEY LARGO FL**

Mailing Address
**260 TARPON ST
TAVERNIER FL 33070
US**

11014510



2. Principal Place of Business

3. Mailing Address

91991 OVERSEAS HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAVERNIER FL

4. FEI Number

65-0749255

Applied For

Not Applicable

Zip

Country

Zip

Country

33070 USA

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

**WALSH, ROBERT
260 TARPON ST
TAVERNIER FL 33070**

Name **WALSH ROBERT**

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

91991 OVERSEAS HWY

City **TAVERNIER FL**

FL

Zip Code **33070**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALSH, ROBERT	
STREET ADDRESS	260 TARPON ST	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALSH, CAROL A	
STREET ADDRESS	260 TARPON ST	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH ROBERT	
STREET ADDRESS	91991 OVERSEAS HWY	
CITY-ST-ZIP	TAVERNIER - FL 33070	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, C	
STREET ADDRESS	91991 OVERSEAS HWY	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Walsh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 3053673629
Date Daytime Phone #

CR2E034 (10/02)