

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90295 009 \*\*\*150.00

**DOCUMENT # P97000034748**



1. Entity Name  
**REUTTER REALTY, INC.**

Principal Place of Business  
**12230 FOREST HILL BLVD**  
**310**  
**WELLINGTON FL 33414**

Mailing Address  
**12230 FOREST HILL BLVD**  
**310**  
**WELLINGTON FL 33414**

**90016742**



2. Principal Place of Business  
**1050 Ocean Terrace**  
Suite, Apt. #, etc.

3. Mailing Address  
**10130 Northlake Blvd**  
Suite, Apt. #, etc.  
**# 214 - 288**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Delray Beach, FL**  
Zip  
**33483**

City & State  
**WEST PALM BEACH, FL**  
Zip  
**33412**

4. FEI Number  
**65-0748063**

Applied For  
Not Applicable

Country  
**Palm Beach County**

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

**REUTTER, THOMAS P**  
**12230 FOREST HILL BLVD**  
**310**  
**WELLINGTON FL 33414**

Name  
**Reutter, Thomas P.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1050 Ocean Terrace**  
City  
**Delray Beach** **FL** Zip Code  
**33483**

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 Signature, typed or printed name of registered agent and title if applicable.

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPV**  
**REUTTER, THOMAS P**  
**12230 FOREST HILL BLVD-910**  
**WELLINGTON FL 33414** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**1050 Ocean Terrace**  
**Delray Beach, FL 33483**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)