

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90194 042 \*\*\*158.75

**DOCUMENT # P97000083640**

1. Entity Name  
**R.E. REECE, P.A.**

Principal Place of Business  
**3688 TREASURE ISLAND STREET  
 BIG PINE KEY FL 33043**

Mailing Address  
**3688 TREASURE ISLAND STREET  
 BIG PINE KEY FL 33043**

2. Principal Place of Business  
**#5 SHIPS WAY**  
 Suite, Apt. #, etc.

3. Mailing Address  
**#5 SHIPS WAY**  
 Suite, Apt. #, etc.

City & State  
**BIG PINE KEY**

City & State  
**BIG PINE KEY**

4. FEI Number **65-0806212**

Applied For  
 Not Applicable

Zip Country  
**33043**

Zip Country  
**33043**

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

**6. Name and Address of Current Registered Agent**

**REECE, ROBERT E  
 30677 OVERSEAS HIGHWAY  
 BIG PINE KEY FL 33043**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**#5 SHIPS WAY**  
 City **BIG PINE KEY** FL Zip Code **33043**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 **PD** ☐ Delete  
 NAME **REECE, ROBERT E**  
 STREET ADDRESS **3688 TREASURE ISLAND STREET**  
 CITY-ST-ZIP **BIG PINE KEY FL 33043**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:**

**ROBERT E. REECE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/02 305-872-1348**  
 Date Daytime Phone #

CR2E034 (9/01)