2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085376

1. Entity Name

JAMES N. REYER, P.A.

Principal Place of Business

5301 N. FEDERAL HWY.. - 97E.- 200-

STE 130

ROCA RATON EL 33487

Mailing Address

5301 N. FEDERAL HWY.. GTE: 200

STE 130



FILED

05-06-2002 90272 017 ***150.00

May 06, 2002 8:00 am § Secretary of State

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Country	Suite, Apt	. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
B. Name and Address of Courtry S. Certificate of Status Desired \$8.75 Additional Fee Required S. Name and Address of New Registered Agent REYER, JAMES N S301 N. FEDERAL HWY., STE. 200 BOCA RATON FL 33487 STORE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILL OFFICERS AND DIRECTORS TILL OFF	13000	Rator + L 3376			4. FEI Number 59-3478544		
REYER, JAMES N \$301 N. FEDERAL HWY., STE. 200 BOCA RATON FL 33487 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. 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. 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. 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. 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. 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. 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. 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. 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. 9. This corporation is eligible to Above the State of Florida. 9. This corporation is eligible to Above the State of Florida. 10. Election Campaign Financing Trust Florida. 11. OFFICERS AND DIRECTORS 11. The NOWILL FEE IS \$15.00 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 13. Election Campaign Financing Trust Florida. 14. Election Campaign Financing Trust Florida. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 16. Election Campaign Financing Trust Florida. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 18. Election Campaign Financing Trust F	_3.3 <u>.4</u>	87 Country	33487	Country	5. Certificate of Status Desired	\$8.75 Additional	
REYER, JAMES N 5301 N. FEDERAL HWY., STE. 200 BOCA RATON FL 33487 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 9. This corporation is eligibility in Lipping bile Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: NAME SIRECT ADDRESS CITY-ST-2P TITLE TITLE TITLE SIRECT ADDRESS CITY-ST-2P TITLE NAME SIRECT ADDRESS CITY-ST-2P TITLE TITLE SIRECT ADDRESS CITY-ST-2P TITLE TITLE SIRECT ADDRESS CITY-ST-2P TITLE TITLE SIRECT AD		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registe	the state of the s	
SIGNATURE Signature, hyperof promote area implicated agent and \$85.4 diplicature. (Cotts: Reprif leved Agent signature required when reintating): 9. This corporation is eligible Locatisfy its Lipzangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00	5301 N. F	FEDERAL HWY., STE. 200			Name Street Address (P.O. Box Number is Not Acceptable)		
TITLE ORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	9. This corporate filling	Signature, typedor printed name or redistered agent prattion is eligible to satisfy it. Intengible requirement and elects to do so.	and title if applicable. (NOT	E: Regiglered Agent signature requi	red when reinstating) 10. Election Campaign Financing	_ ++,	
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TITLE	NAME Street address,		☐ Delete	NAME STREET ADDRESS		☐ 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 of the corporation or the receiver or trustee employmental 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	STREET ADDRESS CITY-ST-ZIP	priify that the information and its last	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			

changed, or on an attachment with a address with all other like empowered.

SIGNATURE: