

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90347 023 ***158.75

DOCUMENT # P97000086974

1. Entity Name
REED ISLAND - MLC, INC.

Principal Place of Business

9440 PHILLIPS HWY., STE. 9
JACKSONVILLE FL 32256

Mailing Address

9440 PHILLIPS HWY., STE. 9
JACKSONVILLE FL 32256

2. Principal Place of Business

13400 Sutton Pk Dr S
 Suite, Apt. #, etc.
1402

3. Mailing Address

13400 Sutton Pk Dr S
 Suite, Apt. #, etc.
1402

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32224

Country

USA

Zip

32224

Country

USA

4. FEI Number

59-3490312

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MONTGOMERY, MITCHELL R
9440 PHILLIPS HWY., STE. 9
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

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

13400 Sutton Pk Dr S

#1402

City

Jacksonville

FL

Zip Code

32224

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 elect to do so. (See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00 15875
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 **D** ☐ Delete
NAME **MONTGOMERY, MITCHELL R**
STREET ADDRESS **9440 PHILLIPS HWY., STE. 9**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **VP** ☐ Delete
NAME **HITE, PATSY A**
STREET ADDRESS **9440 PHILLIPS HWY #9**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **V** ☐ Delete
NAME **RULDOLPH, MAURICE**
STREET ADDRESS **9440 PHILLIPS HWY #9**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **V** ☐ Delete
NAME **LEINWOHL, RONALD J**
STREET ADDRESS **9440 PHILLIPS HWY #9**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Delete
NAME
STREET ADDRESS
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
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Patsy A. Hite
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02 **(904) 821-7121**
 Date Daytime Phone #

CR2E034 (9/01)