

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90120 030 ***150.00

DOCUMENT # P97000090379

1. Entity Name

REAGAN ERGONOMICS INC.



Principal Place of Business

119 BARRINGTON DR.
PALM COAST FL 32137

Mailing Address

119 BARRINGTON DR.
PALM COAST FL 32137

2. Principal Place of Business

408 CHIPLEY PLACE W
Suite, Apt. #, etc.

3. Mailing Address

408 CHIPLEY PLACE WEST
Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32259

Country

USA

Zip

32259

Country

USA

4. FEI Number

59-3480814

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

REAGAN, JAMES R
119 BARRINGTON DR.
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

REAGAN JAMES R

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

408 CHIPLEY PLACE WEST

City

JACKSONVILLE

FL

Zip Code

32259

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

James R Reagan James R Reagan President 1/10/03

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	<input type="checkbox"/> Delete
PT	REAGAN, JAMES R	119 BARRINGTON DRIVE	PALM COAST FL 32137	
VS	REAGAN, GLORIA S	119 BARRINGTON DRIVE	PALM COAST FL 32137	
D	MILO, ELIZABETH R	528 CARRWAY COURT	JACKSONVILLE FL 32259	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		408 CHIPLEY PLACE WEST	JACKSONVILLE FL 32259	
		408 CHIPLEY PLACE WEST	JACKSONVILLE FL 32259	
		528 CARRWAY COURT		

CR2E034 (10/02)

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 President: 1/17/03 904-230-8342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #