1/4/'01 561-637-6700 Dayline Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: SIGNATURE AND TYPED ON PRINTED AME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P97000101638  1. Entity Name REILLY & REILLY, INC.					Jan 19, 2001 8:00 am Secretary of State 01-19-2001 90051 037 ***150.00			
Principal Place of Business 7583 EAGLE POINT DRIVE DELRAY BEACH FL 33446		Mailing Address 7583 EAGLE POINT DRIVE DELRAY BEACH FL 33446			70006300			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 65-0800548	<b>——</b>	oplied For	}
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ada	ditional	
_	6. Name and Address of Current R	egistered Agent	- No.	7.	Name and Address of New Registe	ered Agent		1
REILLY, ALICE T 7583 EAGLE POINT DR. DELRAY BEACH FL 33446			Street A	Address (P.O. Box Number is Not Acceptable)				
			City	<u></u>		FL Zip Cod	e	
SIGNATURE  Signature, typed or printed name of registered agent and  9. This corporation is eligible to satisfy its Intangible  Tax filling requirement and elects to do so.  (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		00 550.00 t of State	10. Election Campaign Financing Trust Fund Contribution.	☐ Added	<b>0</b> May Be	
11.	OFFICERS AND D	<del></del>	12.	AL AL	DDITIONS/CHANGES TO OFFICERS			<u>ا</u> د
TITLE NAME STREET ADDRESS CITY+ST-ZIP	REILLY, FRANK V 7583 EAGLE POINT DRIVE DELRAY BEACH FL 33446	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Reilly 1583	1. Frank U EAGLE Point Drive Beach FL- 33446	Change Title	☐ Addition	F034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD REILLY, ALICE T 7583 EAGLE POINT DRIVE DELRAY BEACH FL 33446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Reila	I Alice T FAGLE POINT Drive BEACH FL 33446	図 Change TiTZe	☐ Addition	CBO
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
of the cor	certify that the information supplied with the on this report or supplemental report is to reportation or the receiver or trustee empower, or on an attachment with an address, will	ered to execute this report	as required by Cha	ted in Section have the same apter 607, Flor	119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; thida Statutes; and that my name appears	er certify that the in hat I am an officer ears in Block 11 or	nformation or director r Block 12 if	