

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000014793**

1. Corporation Name

R.E.B. COMMUNICATIONS AND PUBLISHING, INC.**FILED**
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90321 008 ***150.00

Principal Place of Business

**16 HOPSON ROAD
JACKSONVILLE BEACH FL 32250**

Mailing Address

**16 HOPSON ROAD
JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3494074**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BUSSARD, RICHARD E
16 HOPSON ROAD
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****President/treasurer** ☐ Delete
Richard E. Bussard
16 Hopson Road
Jacksonville Beach, FL 32250TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ Addition**Secretary** ☐ Delete
Billee A. Bussard
16 Hopson Road
Jacksonville Beach, FL 32250TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:*Richard E. Bussard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Richard E. Bussard****4/21/00**

Date

904-249-2468

Phone Number