

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002357

1. Entity Name

REICH ENGINEERING AND MARKETING CONSULTING, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90072 020 \*\*\*150.00

Principal Place of Business

Mailing Address

~~800 W. DE LEON STREET~~  
~~TAMPA FL 33606-2722~~

808 W. DE LEON STREET  
TAMPA FL 33606-2722

2. Principal Place of Business

3. Mailing Address

P.O. Box 3323

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apollo Beach, FL

City & State

4. FEI Number

59-355 6442

Applied For

Not Applicable

Zip

Country

33572

Hillsborough

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTHBURD, CRAIG E  
808 W. DE LEON STREET  
TAMPA FL 33606-2722

Name

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

City

FL

Zip Code

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 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 State**

10. 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

TITLE ~~PSTD~~ ☒ Delete  
NAME ~~ROTHBURD, CRAIG E~~  
STREET ADDRESS ~~808 W. DE LEON STREET~~  
CITY-ST-ZIP ~~TAMPA FL 33606-2722~~

TITLE PSTD ☒ Change ☐ Addition  
NAME Larry Reich  
STREET ADDRESS P.O. Box 3323  
CITY-ST-ZIP Apollo Beach, FL 33572

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Larry Reich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Larry Reich, PSTD

Date

Daytime Phone #

CR2E034 (9/99)