

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90021 036 \*\*\*150.00

**DOCUMENT # P99000009091**

1. Entity Name

**REISSNER ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

4753 MARSH HAMMOCK DRIVE  
 WEST JACKSONVILLE FL 32224

4753 MARSH HAMMOCK DRIVE  
 WEST JACKSONVILLE FL 32224

2. Principal Place of Business

4753 MARSH HAMMOCK DR. W

3. Mailing Address

← SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JAX FL

City & State

Zip

32224

Country

USA

Zip

Country

4. FEI Number

59-3580065

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

REISSNER, GARY  
 4753 MARSH HAMMOCK DRIVE  
 WEST JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent.

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	REISSNER, GARY 4753 MARSH HAMMOCK DRIVE WEST JACKSONVILLE FL 32224	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gary W. Reissner*

4/17/2000

(904) 313-4023

CR2E034 (9/99)