

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90111 005 \*\*\*158.75

**DOCUMENT # P99000014306**

1. Entity Name

REEVES GROUP II, INC.



Principal Place of Business  
2884 S MILITARY TR  
WEST PALM BEACH FL 33415

Mailing Address  
9485 EL CLAIR RANCH RD  
BOYNTON BEACH FL 33437

2. Principal Place of Business

3. Mailing Address

224 TURNBERRY COURT N.

Suite, Apt. #, etc.

City & State

Atlanta FL

Zip

Country

33462 1022

Country

USA

4. FEI Number 65-0895194

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

7. Name and Address of New Registered Agent

REEVES, RONALD  
9485 EL CLAIR RANCH ROAD  
BOYNTON BEACH FL 33437

Name

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

224 TURNBERRY COURT NORTH

City ATLANTA

FL

Zip Code

33462 1022

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-20-03

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 PS  
NAME REEVES, MADELINE  
STREET ADDRESS 9485 EL CLAIR RANCH ROAD  
CITY-ST-ZIP BOYNTON BEACH FL 33437

☐ Delete

TITLE  
NAME  
STREET ADDRESS 224 TURNBERRY COURT NORTH  
CITY-ST-ZIP ATLANTA, FL 33462 1022

☒ Change

☐ Addition

TITLE VPT  
NAME REEVES, RONALD  
STREET ADDRESS 9485 EL CLAIR RANCH ROAD  
CITY-ST-ZIP BOYNTON BEACH FL 33437

☐ Delete

TITLE  
NAME  
STREET ADDRESS 224 TURNBERRY COURT NORTH  
CITY-ST-ZIP ATLANTA, FL 33462-1022

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2003

Date

561 969 6493

Daytime Phone #

CR2E034 (10/02)