

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90082 003 \*\*\*150.00

**DOCUMENT # P99000021576**

1. Entity Name

**REESMAN & KEELEY ENTERPRISES, INC.**

Principal Place of Business

**711 N. MONROE ST.  
TALLAHASSEE FL 32303**

Mailing Address

**711 N. MONROE ST.  
TALLAHASSEE FL 32303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3562294**

Applied For

Not Applicable

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

**KINGRY, TODD C  
711 N MONROE ST  
TALLAHASSEE FL 32303**

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, 2001 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	PD	<input checked="" type="checkbox"/> Delete
NAME	REESMAN, ERIC	
STREET ADDRESS	1044 SEMINOLE DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE	Pres Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Todd Kingry	
STREET ADDRESS	2047 Duomar Dr	
CITY-ST-ZIP	TALL FL 32308	

TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	KINGRY, TODD C	
STREET ADDRESS	1044 SEMINOLE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32310	

TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Kingry	
STREET ADDRESS	2047 Duomar Dr	
CITY-ST-ZIP	TALL FL 32308	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:


**Todd Kingry**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/10/01  
Date(850) 222-0435  
Daytime Phone #

CR2E034 (10/00)