

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039711

1. Entity Name

DOUGLAS S. REYNOLDS, INC.

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90150 016 \*\*\*550.00

Principal Place of Business

1605 MAIN STREET  
SUITE 912  
SARASOTA FL 34236

Mailing Address

1605 MAIN STREET  
SUITE 912  
SARASOTA FL 34236

2. Principal Place of Business

9604 CORTEZ ROAD WEST

3. Mailing Address

9604 CORTEZ ROAD WEST

Suite, Apt. #, etc.

UNIT # 433

Suite, Apt. #, etc.

UNIT # 433

City & State

BRADENTON, FL

City & State

BRADENTON, FL

Zip

34210

Country

MANATEE

Zip

34210

Country

MANATEE

4. FEI Number

65 0923006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCOVILL, H. WILLIAM  
1605 MAIN STREET  
SUITE 912  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name: DOUGLAS S. REYNOLDS  
Street Address (P.O. Box Number is Not Acceptable): 9604 CORTEZ ROAD WEST  
UNIT # 433  
City: BRADENTON, FL FL Zip Code: 34210

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida.

SIGNATURE: DOUGLAS S. REYNOLDS *[Signature]* DATE: 7-15-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE: D ☐ Delete  
NAME: REYNOLDS, DOUGLAS S  
STREET ADDRESS: 9604 CORTEZ WEST, UNIT 433  
CITY-ST-ZIP: BRADENTON FL 34210

TITLE: D ☐ Delete  
NAME: REYNOLDS, JACQUELINE W  
STREET ADDRESS: 9604 CORTEZ WEST, UNIT 433  
CITY-ST-ZIP: BRADENTON FL 34210

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE: ☐ Change ☐ Addition  
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CITY-ST-ZIP:

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

TITLE: ☐ Change ☐ 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: DOUGLAS S. REYNOLDS *[Signature]* DATE: 7-15-00 941-794-5094 FL 518-386-3057 NY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)