

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90819 004 ***150.00

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DOCUMENT # P99000067342

1. Entity Name
REGINALD'S ORIGINALS INC.



Principal Place of Business
**241 W KING STREET
ST AUGUSTINE FL 32095**

Mailing Address
**241 W KING STREET
ST AUGUSTINE FL 32095**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3610045

Applied For
Not Applicable

Zip
32084

Country

Zip
32084

Country

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

**COVIL, REGINALD M
44 S WHITNEY STREET
ST AUGUSTINE FL 32095**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code **32084**

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 Delete
NAME **P LOVIL, REGINALD**
STREET ADDRESS **44 S WHITNEY ST**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32095**

TITLE Change Addition
NAME **COVIL, REGINALD**
STREET ADDRESS
CITY-ST-ZIP **32084**

TITLE Delete
NAME **VP COVIL, SHEILA A**
STREET ADDRESS **44 S.WHITNEY ST**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32095**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32084**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date **5/2/03** Daytime Phone # **904 823-9915**

CR2E034 (10/02)