

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082402

1. Entity Name
REO CONSULTING, INC.

FILED

01 DEC 31 AM 9:40

Principal Place of Business

2187 N 14TH AVE
HOLLYWOOD FL 33020

Mailing Address

2187 N 14TH AVE
HOLLYWOOD FL 33020

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1655 BRANDYWINE RD

3. Mailing Address

1655 BRANDYWINE RD

Suite, Apt. #, etc.

8316

Suite, Apt. #, etc.

8316

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH, FL

Zip

33409

Country

USA

Zip

33409

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLEXA, ROBERT E

2187 N 14TH AVE

HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name ROBERT E. OLEXA

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

1655 BRANDYWINE RD.

#8316

City

WEST PALM BEACH

FL

Zip Code

33409

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 \$550.00

After September 12, 2001 Fee 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	P	<input type="checkbox"/> Delete
NAME	THOMAS, DEBORAH J	
STREET ADDRESS	2187 N. 14TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OLEXA, ROBERT E	
STREET ADDRESS	2187 N. 14TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH J. OLEXA	
STREET ADDRESS	1655 BRANDYWINE RD #8316	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT E. OLEXA	
STREET ADDRESS	1655 BRANDYWINE RD #8316	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH J. OLEXA

Date

Daytime Phone #

CR2E034 (5/01)