

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S21948

1. Entity Name
R.E.S. OF POLK COUNTY, INC.



FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90404 039 ***150.00

Principal Place of Business
971 OHLINGER RD
BABSON PARK FL 33827
US

Mailing Address
971 OHLINGER RD
BABSON PARK FL 33827
US

2. Principal Place of Business
900 Ohlinger Road
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
c/o Parker & O'Grady
Suite, Apt. #, etc.
P.O. Box 249
City & State
Southampton, MA
Zip Country
01073-0249



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3045536
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MYERS III, C.B.
130 E CENTRAL AVE
LAKE WALES FL 33853

7. Name and Address of New Registered Agent
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. 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 | PST | <input type="checkbox"/> Delete | TITLE | Clerk and Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHMIDT, BARBARA | | NAME | | |
| STREET ADDRESS | 971 OHLINGER ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | BABSON PARK FL 33827 | | CITY-ST-ZIP | | |
| TITLE | C | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KUMMERT, ROGER | | NAME | | |
| STREET ADDRESS | U.S. TRUST CO. 114 WEST 47TH ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY 10036 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUKOWITZ, EDWARD J | | NAME | | |
| STREET ADDRESS | 1440 RUSSELL RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | WESTFIELD MA 01086 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KIRKPATRICK, STEVEN | | NAME | | |
| STREET ADDRESS | US TRUST CO. | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY 10036 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: Barbara Schmidt 1-28-03 413.527.8660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Parker & O'Grady

Cheryl A. Parker ☎ William J. O'Grady

ATTORNEYS AT LAW

124 College Highway ☎ P.O. Box 249 ☎ Southampton MA 01073-0249
413 · 527 · 8660 Voice ☎ 413 · 527 · 6523 Fax

Attachment

S21948

80026180

January 28, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: R.E.S. of Polk County, Inc.
FEI 59-3045536

Dear Sir/Madam:

Enclosed for filing are the following:

1. Original 2003 Uniform Business Report, Document No. S21948; and
2. Check payable to the Department of State in the amount of \$150.00 representing the filing fee.

Should you have any questions, do not hesitate to contact me.

Very truly yours,

Cheryl A. Parker

Cheryl A. Parker, Esq.

CAP:dlh
Enclosures