

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V05613

1. Entity Name

RICHARD T. REES AND ASSOCIATES, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90142 044 ***150.00

Principal Place of Business

Mailing Address

~~6127 DOE CIRCLE WEST~~

~~6127 DOE CIRCLE WEST~~

~~LAKELAND FL 33809~~

~~LAKELAND FL 33809-3876~~

7785 ASHFORD DR.
LAKELAND, FL 33810

7785 ASHFORD DR.
LAKELAND, FL 33810

A0008407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3105604

Applied For
Not Applicable

Zip

Country

Zip

Country

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

2310 ~~DOE~~ CARLTON, CHARLES L.
LAKELAND HILLS BLVD.
LAKELAND FL 33805

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
REES, RICHARD T.
~~6127 DOE CIRCLE WEST~~
LAKELAND FL 33809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7785 ASHFORD DR.
LAKELAND, FL 33810 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT.
REES, LINDA J
~~6127 DOE CR. WEST~~
LAKELAND FL 33809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7785 ASHFORD DR.
LAKELAND, FL 33810 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
~~MIKOLON, DIANE L.~~
8015 KAITLIN CIR
LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MIKOLON, DIANE L.
LAKELAND, FL 33810 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
REES, DAVID W
~~6127 DOE CR WEST~~
LAKELAND FL 33809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7785 ASHFORD DR.
LAKELAND, FL 33810 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REES, ANNE M
45 SO. THOMAS AVE
KINGSTON PA 18704 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MIKOLON, MARY-
8015 KAITLIN CIR
LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MIKOLON, MARK
LAKELAND, FL 33810 ☒ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

1/8/00 863 858-9295

CR2E034 (9/99)