

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V13221

1. Entity Name

R.E.I. PUBLISHING, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90035 020 ***150.00

Principal Place of Business

Mailing Address

1849-A BOUGH AVENUE
 CLEARWATER FL 33760

P.O. BOX 17835
 CLEARWATER FL 33762-0835

2. Principal Place of Business

11590 Seminole Blvd.

3. Mailing Address

P. O. Box 2742

Suite, Apt. #, etc.

Suite B-1

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

4. FEI Number

59-3106889

Applied For

Not Applicable

Zip

33778

Country

US

Zip

33779-2742

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

STAVOLI, BARBARA A
 1849-A BOUGH AVENUE
 CLEARWATER FL 33760

7. Name and Address of New Registered Agent

Name

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

11590 Seminole Blvd.

Suite B-1

City

Largo

FL

Zip Code

33778

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

TITLE PD ☐ Delete
 NAME STAVOLI, BARBARA A
 STREET ADDRESS 1849-A BOUGH AVENUE
 CITY-ST-ZIP CLEARWATER FL 33760

TITLE VP ☐ Delete
 NAME URBINATI, LOUIS III
 STREET ADDRESS 1849-A BOUGH AVENUE
 CITY-ST-ZIP CLEARWATER FL 33760

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 11590 Seminole Blvd., Suite B-1
 CITY-ST-ZIP Largo, FL 33778

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 11590 Seminole Blvd., Suite B-1
 CITY-ST-ZIP Largo, FL 33778

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
 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

Date

Daytime Phone #

CR2E034 (9/99)

April 27th 2000 (727) 398-6268