

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V35090

1. Entity Name

REYNOLDS CONTRACTORS, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90017 004 ***150.00

Principal Place of Business

106-A CORPORATION WAY
VENICE FL 34292
US

Mailing Address

106-A CORPORATION WAY
VENICE FL 34292-3525
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0330428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEEKS, JAMES B JR.
3067 WILLOW GREEN
SARASOTA FL 34235

Name

WEEKS, JAMES B JR.

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

421 MAGELLAN DR.

City

SARASOTA

FL

Zip Code

34243

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]

4/5/00

Signature, typed or printed name of registered agent and 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 PST
NAME WEEKS, JAMES B JR
STREET ADDRESS 3067 WILLOW GREEN
CITY-ST-ZIP SARASOTA FL 34235 ☐ Delete

TITLE PST
NAME WEEKS, JAMES B JR ☒ Change ☐ Addition
STREET ADDRESS 421 MAGELLAN DR.
CITY-ST-ZIP SARASOTA FL 34243

TITLE V
NAME FAULKNER, JAMES A
STREET ADDRESS 2030 CARLTON ARMS CIR
CITY-ST-ZIP BRANDENTON FL 34208 ☐ Delete

TITLE V
NAME FAULKNER, JAMES A ☒ Change ☐ Addition
STREET ADDRESS 2030 CARLTON ARMS CIR.
CITY-ST-ZIP BRANDENTON FL 34208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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]

JAMES B. WEEKS, JR.

4/5/00

(941) 485-7751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 10/00