

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90054 026 \*\*\*150.00

**DOCUMENT # V54754**

1. Entity Name  
**GEORGE REBHOLZ AND ASSOCIATES, INC.**

Principal Place of Business  
**5740 S.E. WINGED FOOT DRIVE**  
**STUART FL 34997-8644**  
**US**

Mailing Address  
**5740 S.E. WINGED FOOT DRIVE**  
**STUART FL 34997-8644**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4248 SE Cove Lake Circle #104**  
 Suite, Apt. #, etc.  
**# 104**

3. Mailing Address  
**← Same**  
 Suite, Apt. #, etc.

City & State  
**Stuart, FL**

City & State

4. FEI Number  
**65-0350341**

Applied For  
 Not Applicable

Zip  
**34997**

Country  
**Martin**

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**REBHOLZ, GEORGE E**  
**5740 S.E. WINGID FOOT DRIVE**  
**STUART FL 34997**

**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.

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, 2002 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  
**George E. Rebholz** ☐ Delete  
 NAME  
**REBHOLZ, GEORGE E**  
 STREET ADDRESS  
**5740 S.E. WINGID FOOT DRIVE**  
 CITY-ST-ZIP  
**STUART FL 34997**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
**4248 SE Cove Lake Circle #104**  
 CITY-ST-ZIP  
**Stuart, FL 34997**

TITLE ☐ Delete  
 NAME  
**REBHOLZ, JOANNE O**  
 STREET ADDRESS  
**5740 S.E. WIGID FOOT DRIVE**  
 CITY-ST-ZIP  
**STUART FL 34997**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
**4248 SE Cove Lake Circle #104**  
 CITY-ST-ZIP  
**Stuart, FL 34997**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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: George Rebholz **George Rebholz** 1-9-02 561 287 5470  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034(9/01)