## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Feb 12, 2001 8:00 am Secretary of State DOCUMENT # 160391 1. Entity Name REED MOTORS, INC. 02-12-2001 90243 035 \*\*\*150.00 Principal Place of Business Mailing Address 3776 W COLONIAL DR 3776 W COLONIAL DR ORLANDO FL 32808 ORLANDO FL 32808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0607019 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REED. JOHN L. Street Address (P.O. Box Number is Not Acceptable) 3776 W COLONIAL DR ORLANDO FL 32808 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition REED, JOHN L. NAME STREET ADDRESS 2238 HONTOON ROAD STREET ADDRESS CITY-ST-7IP DELAND FL 32720 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME REED, ROBERT H. NAME 806 EDGEWATER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -ORLANDO FL 32804 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME REED, RAYMOND D. NAME STREET ADDRESS 10417 LAKE LOUISA RD STREET ADDRESS CITY-ST-ZIP **CLERMONT FL 34711** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME REED, JOHN L. JR. NAME STREET ADDRESS 1201 CONERSTONE ST. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Reed SIGNATURE: YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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 offer like eppowered.