

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90016 009 \*\*\*150.00

01/16/02

<b>DOCUMENT # 160391</b>	
1. Entity Name <b>REED MOTORS, INC.</b>	
Principal Place of Business <b>3776 W COLONIAL DR ORLANDO FL 32808</b>	Mailing Address <b>3776 W COLONIAL DR ORLANDO FL 32808</b>
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-0607019</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>REED, JOHN L.</b> <b>3776 W COLONIAL DR</b> <b>ORLANDO FL 32808</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <b>REED, JOHN L.</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REED, JOHN L.</b>	NAME	
STREET ADDRESS	<b>2238 HONTOON ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND FL 32720</b>	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	V <b>REED, ROBERT H.</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REED, ROBERT H.</b>	NAME	
STREET ADDRESS	<b>806 EDGEWATER DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	T <b>REED, RAYMOND D.</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REED, RAYMOND D.</b>	NAME	
STREET ADDRESS	<b>10417 LAKE LOUISA RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	S <b>REED, JOHN L. JR.</b>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REED, JOHN L. JR.</b>	NAME	<i>Reed, John L. Jr.</i>
STREET ADDRESS	<b>1201 CONERSTONE ST.</b>	STREET ADDRESS	<i>136 Powell Blvd Apt 10201</i>
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	CITY-ST-ZIP	<i>Daytona Beach, FL 32114</i>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:** *Raymond D Reed* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Raymond D Reed** 1-31-02 (401) 297-7333  
 Date Daytime Phone #

CR2E034 (9/01)