

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90200 014 ***150.00

DOCUMENT # K39731

1. Entity Name

REED LEASING, INC.

Principal Place of Business

Mailing Address

% RAYMOND D. REED
 3776 W COLONIAL DR
 ORLANDO FL 32808

% RAYMOND D. REED
 3776 W COLONIAL DR
 ORLANDO FL 32808-7906

900287



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3178541**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REED, RAYMOND D.
3776 W COLONIAL DR
ORLANDO FL 32808

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete REED, RAYMOND D. 1213 CORNERSTONE CT ORLANDO FL	T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Reed, Raymond D. 10417 Lake Louisa Rd Clermont FL 34711
P TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete REED, JOHN L. 2238 HONTOON RD. DELAND FL		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zip = 32720
V TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete REED, ROBERT H. 806 EDGEWATER DR. DELAND FL	V TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Reed, Robert H. 806 Edgewater Dr. Orlando FL 32804
S TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete REED, JOHN L., JR. 1201 CORNERSTONE CT ORLANDO FL		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zip = 32835
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<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

1-6-2000 (407) 297-1333
 Date Daytime Phone #

CR2E034 (9/99)