FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowere

SIGNATURE:

Feb 06, 2001 8:00 am **DOCUMENT # P36462 Secretary of State** 1. Entity Name REED MANUFACTURING COMPANY, INC. 02-06-2001 90263 029 ***150.00 Mailing Address Principal Place of Business 1030 S VETERANS BLVD 1030 S VETERANS BLVD BOX 650 BOX 650 NO014522 TUPELO MS 38802 TUPELO MS 38802 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 64-0389244 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAYLOR, GEORGE M. Street Address (P.O. Box Number is Not Acceptable) 15450 NEW BARN ROAD **SUITE 218** MIAMI LAKES FL 33014 8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida SIGNATURE (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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NELSON, EDWARD R. NAME NAME STREET ADDRESS 1030 S VETERANS BLVD STREET ADDRESS CITY-ST-ZIP TUPELO MS CITY - ST - ZIP TITLE ☐ Change ☐ Addition Delete TITLE TAYLOR, GEORGE M. NAME NAME STREET ADDRESS 1030 \$ VETERANS BLVD STREET ADDRESS CITY-ST-7IP TUPELO MS CITY-ST-ZIP TITLE Change... TITLE --- 🔄 Delete ∽ NAME REED, JACK R. NAME STREET ADDRESS 1030 \$ VETERANS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TUPELO MS** 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 ☐ Delete ☐ Addition TITLE TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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