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## 2002 Uniform Business Report (UBR)

## Apr 07, 2002 8:00 am Secretary of State DOCUMENT # P36462 1. Entity Name I-07-2002 90049 040 \*\*\*150 00 REED MANUFACTURING COMPANY, INC. Principal Place of Business Mailing Address 1030 S VETERANS BLVD 1030 S VETERANS BLVD **BOX 650** BOX 650 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 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6.-Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent TAYLOR, GEORGE M. Street Address (P.O. Box Number is Not Acceptable) 6710 MAIN STREET SUITE 320 MIAMI LAKES FL 33014 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees $\Box$ (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition CR2E034 (9/01 ☐ Delete NAME NELSON, EDWARD R. NAME STREET ADDRESS 1030 S VETERANS BLVD STREET ADDRESS CITY-ST-ZIP TUPELO MS CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME TAYLOR, GEORGE M. NAMÉ STREET ADDRESS STREET ADDRESS 1030 S VETERANS BLVD CITY-ST-7IP TUPELO MS CITY-ST-ZIP TITLE Delete TITLE. ☐ Change - ☐ Addition NAME NAME REED, JACK R. STREET ADDRESS STREET ADDRESS 1030 S VETERANS BLVD CITY-ST-ZIP CITY-ST-ZIP TUPELO MS TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with DIRECTOR DAYLOR 1/17/02 112-842-4472 SIGNATURE:

13. I hereby certify that the information supplied with this filling 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