

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106061

1. Entity Name

WENDY REED DESIGNS, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90054 014 ***150.00

Principal Place of Business

Mailing Address

50 NORTH LAURA STREET
SUITE 2750
JACKSONVILLE FL 32202
US

50 NORTH LAURA STREET
SUITE 2750
JACKSONVILLE FL 32202-3640
US

2. Principal Place of Business

3. Mailing Address

50 North Laura Street
Suite, Apt. #, etc.
Suite 3500

50 North Laura Street
Suite, Apt. #, etc.
Suite 3500

City & State

City & State

Jacksonville, Florida

Jacksonville, Florida

Zip
32202

Country
US

Zip
32202

Country
US

4. FEI Number 59-3488042

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIMM, REED W
50 NORTH LAURA STREET
SUITE 2750
JACKSONVILLE FL 32202

Name
Reed W. Grimm
Street Address (P.O. Box Number is Not Acceptable)
50 North Laura Street
Suite 3500
City
Jacksonville FL Zip Code
32202

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

Reed W. Grimm

2/3/00

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 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

TITLE ☐ Delete
NAME D
STREET ADDRESS GRIMM, WENDY S
CITY-ST-ZIP 4162 CHURCHWELL RD.
JACKSONVILLE FL 32210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS GRIMM, REED W
CITY-ST-ZIP 50 N LAURA ST, STE 2750
JACKSONVILLE FL 32202

TITLE ☒ Change ☐ Addition
NAME 50 North Laura Street, Suite 3500
STREET ADDRESS
CITY-ST-ZIP Jacksonville, Florida 32202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Reed W. Grimm

2/3/00

904-356-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)