2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900052640 1. Entity Name REEDER GROUP, INC.							Secretary of State 02-26-2002 90119 034 ***150.00			
Principal Place of Business Mailing Address 2000 ARIANA BLVD AUBURNDALE FL 33823 AUBURNDALE FL 33823							_			
2. Principal F	Place of Busin	200	3. Mailing Address							
ZI TINODAT		6. Walling Address	-							
Suite, Apt.	Suite, Apt. #, etc.	ite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	4. FEI Number 59-3586521 Applied For Not Applicable			
Zip		Country	Zip	Country		5.	Certificate of Status Desired	\$8.75 Add		
	6. Name	and Address of Current	Registered Agent		Nome	7.	Name and Address of New Register	ed Agent		
REEDER, STEPHEN G					Name					
2000 ARIA		Street Address (F			Box Number is Not Acceptable)					
AUBURNDALE FL 33823										
					City			Zip Cod	te .	
SIGNATURE. 9. This corporate filing in	Signature, typed	printed name of registered agent a ple to satisfy its Intangible and elects to do so.	SEKOLA	E: Registerer	Agent signature re IS \$150.00 will be \$550.	guired when	gent, or both, in the State of Florida. Zereinstating) DAT 10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
11.	1	OFFICERS AND	DIRECTORS	12.		Al	DDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	DPT REEDER, \$ 2000 ARIAI AUBURND/		☐ Delete					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP REEDER, C 2000 ARIAI AUBURND/		□ Delete		I	-	-م پیست	☐ Change	Addition .	
TITLE NAME STREET ADDRESS I CITY-ST-ZIP			☐ Delete		- 1			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I .			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby c	certify that the	information supplied with	☐ Delete	CITY-	ET ADDRESS ST-ZIP	n Section	119.07(3)(i), Florida Statutes. I further	Certify that the in	Addition	

SIGNATURE:

Thereby 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 changed, or on an attachment with an accires, with all other like empowered.

GNATURE:

| Comparison 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 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 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 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 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 the corporation or the receiver or trustee empowered to execute that my name appears in Block 12 if the information or the receiver or trustee empowered to execute that my name appears in Block 12 if the information or the receiver or trustee empowered to execute that my name appears in Block 12 if the information or the receiver or trustee empowered to execute the information of the receiver or trustee empowered to execute the information or the receiver or trustee empowered to execute the information of the receiver or