2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Sep 14, 2001 8:00 am Secretary of State DOCUMENT # 380380 1. Entity Name 09-14-2001 90001 030 ***550.00 PHIL REED EQUIPMENT CO. Principal Place of Business Mailing Address 74 STONEHOUSE DRIVE 74 STONEHOUSE DRIVE FRANKLIN NC 28734 FRANKLIN NC 28734 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 59-1320679 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REED. PHILLIP W Street Address (P.O. Box Number is Not Acceptable) 2108 JELANE DRIVE VALRICO FL 33594 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (5/01 ☐ Change Addition JELANE, DOUGLAS R NAME NAME 74 Stonehouse Dr. STREET ADDRESS STREET ADDRESS FRANKLIN NC 28734 CITY-ST-7IP CITY-ST-ZIP DP TITLE ☐ Defete TITLE REED, PHILLIP W. (NOTN) REED, PHILLIP N NAME NAME 74 STONEHOUSE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FRANKLIN NC 28734 CITY-ST-ZIP TITLE ~ - 🖾 · Delete TITLE: ☐ Change ☐ Addition NAME REED, JEAN M NAME STREET ADDRESS 74 STONEHOUSE DR. STREET ADDRESS CITY-ST-ZIP FRANKLIN NC 28734 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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 TITLE ☐ Change ☐ Addition NAME 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