

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 428671

1. Entity Name  
REED'S JEWELERS INC

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90604 032 \*\*\*150.00

Principal Place of Business  
127 WEST OAK ST  
ARCADIA FL 33821

Mailing Address  
127 WEST OAK ST  
ARCADIA FL 33821

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1494239

Applied For  
Not Applicable

Zip  
34266

Country

Zip  
34266

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REED, THERESA  
127 W. OAK STREET  
ARCADIA FL 33821

Name REED, ROBERT M.

Street Address (P.O. Box Number is Not Acceptable)

4911 NE HWY 17

City ARCADIA

FL

Zip Code 34266

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 P  
NAME REED, THERESA M  
STREET ADDRESS LOT 48 ARCADIA VILLAGE  
CITY-ST-ZIP ARCADIA FL ☒ Delete

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

TITLE VD  
NAME REED, ROBERT M  
STREET ADDRESS 4911 NE HWY 17  
CITY-ST-ZIP ARCADIA FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE VICE PRESIDENT/DIRECTOR  
NAME KAT REED  
STREET ADDRESS 4911 NE HIGHWAY 17  
CITY-ST-ZIP ARCADIA FL 34266 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)