

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00087

1. Entity Name

REED'S CONSTRUCTION SPECIALTIES, INC.

Principal Place of Business

3955 ST. AUGUSTINE ROAD  
C/O WALLACE E. REED  
JACKSONVILLE FL 32207

Mailing Address

3955 ST. AUGUSTINE ROAD  
C/O WALLACE E. REED *BARRY A. REED*  
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2113349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REED, EDWIN H  
2454 WATTLE TREE RD E  
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name *BARRY A. REED*  
Street Address (P.O. Box Number is Not Acceptable)  
*5504 MILMAR CIR*  
City *JAX* FL Zip Code *32207*

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	REED, WALLACE E	
STREET ADDRESS	10541 ANDERS BLVD.	
CITY-ST-ZIP	JAX, FL 00000	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	REED, EDWIN H	
STREET ADDRESS	2454 WATTLE TREE RD E	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, LESTER T	
STREET ADDRESS	2505 CLARO DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, BARRY A	
STREET ADDRESS	5504 MILMAR CIR	
CITY-ST-ZIP	JAX FL 32207	
TITLE	VP S T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, BRADLEY D	
STREET ADDRESS	5826 St Cecilia DR	
CITY-ST-ZIP	JAX FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 addendum, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*BARRY A. REED* 4-10-01 9043984126

Date

Daytime Phone #

FILED  
Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90122 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)