

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F78450

1. Entity Name

A & R STAMP & COIN, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90089 030 \*\*\*150.00

Principal Place of Business

Mailing Address

1516 W. VINE ST  
PO BOX 420730  
KISSIMMEE FL 34742-7730  
US

1516 W. VINE ST  
PO BOX 420730  
KISSIMMEE FL 34742-0730  
US

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 59-2191713

Applied For  
Not Applicable

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

REEDER, EARL T.  
1106 LEHIGH STREET  
KISSIMMEE FL 34744

708 N. CATHERINE ST  
34741

Name

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

City

FL

Zip Code

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	REEDER, EARL T.	
STREET ADDRESS	1106 LEHIGH ST.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REEDER, JUANITA L.	
STREET ADDRESS	9035 WELLS WAY	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RISER, ROSALIND	
STREET ADDRESS	2365 W LYNDELL DRIVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	FETIG, EMILY ANN	
STREET ADDRESS	3165 LAKE ANDERSON AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	708 N. CATHERINE ST.	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	223 CITRUS DR	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EARL T. REEDER

Date

4/5/00 (407) 9332225

Daytime Phone #

CR2E034 (9/99)