

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000283

1. Entity Name

RURAL ELECTRONICS INDUSTRIES DEVELOPMENT INCORPO

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90242 010 ***158.75

Principal Place of Business

Mailing Address

POST OFFICE BOX 1467
MELBOURNE FL 32902-1467

POST OFFICE BOX 1467
MELBOURNE FL 32902-1467

2. Principal Place of Business

1227 S. Patrick DR

3. Mailing Address

Suite, Apt. #, etc.
402

Suite, Apt. #, etc.

City & State

Satellite Beach FL

City & State

4. FEI Number

64-0820685

Applied For

Not Applicable

Zip

32937

Country

USA

Zip

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

MAGUIRE, SHELBY
812 MOHAWK AVE.
MELBOURNE FL 32935

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
REID, K. EDWARD II
240 BONNIE COURT
SATELLITE BEACH FL 32937



TITLE
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

26 APRIL 00 321-779-0030

CR2E034 (9/99)