

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90361 034 ***150.00

DOCUMENT # J65387

1. Entity Name

REED'S FRUIT CO.

Principal Place of Business

Mailing Address

16750 SE HWY C25

P.O. BOX 603, N/A ~~Delete~~

WEIRSDALE FL 32195

US

P.O. BOX 209

WEIRSDALE FL 32195

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 **59-2786215**

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

REED, MEALY W. SR.
16750 S.E. HIGHWAY C-25
WEIRSDALE FL 32195

Name

REED, MEALY W. JR.

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

16750 S.E. HWY C-25

City

WEIRSDALE

FL

Zip Code **32195**

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

Mealy W. Reed, Jr.

MEALY W. REED, JR. PRESIDENT

01/24/01

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 **DPST** ☐ Delete
NAME **REED, MEALY W JR.**
STREET ADDRESS **P.O. BOX 209, 16750 SE HWY C-25**
CITY-ST-ZIP **WEIRSDALE FL**

TITLE ☐ Change ☐ Addition
NAME **P.O. Box 209**
STREET ADDRESS **S.E. Hwy C-25**
CITY-ST-ZIP **16750**

TITLE **DVP** ☐ Delete
NAME **REED, HUEY A**
STREET ADDRESS **PO BOX 209, 16750 SE HWY C-25**
CITY-ST-ZIP **WEIRSDALE FL**

TITLE ☐ Change ☐ Addition
NAME **P.O. Box 209**
STREET ADDRESS **S.E. Hwy C-25**
CITY-ST-ZIP **16750**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Mealy W. Reed, Jr. **Mealy W. Reed, Jr.**

Date

Daytime Phone #

01/24/01 352-821-2915

CR2E034 (10/00)