## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 06, 2002 8:00 am & Secretary of State DOCUMENT # L00000002795 1. Entity Name 05-06-2002 90133 002 \*\*\*\*50.00 REED CONTRACTORS, L.L.C. Principal Place of Business Mailing Address 258 WEST STATE ROAD 434 258 WEST STATE ROAD 434 804049 LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3634231 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAY, N. DWAYNE JR. GREENSPOON, MARDER, HIRSCHFELD RAFKIN Street Address (P.O. Box Number is Not Acceptable) 135 WEST CENTRAL BLVD., SUITE 1100 ORLANDO FL 32801 City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITI F ☐ Change ☐ Addition REED BUILDING CONTRACTORS, INC. NAME STREET ADDRESS 258 WEST STATE ROAD 434 STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change : ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by paster 608, Florida Statutes.

CITY-ST-ZIP

4/22/02 407-339-7050

FILED

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