

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L36773

1. Entity Name

D. A. REED CONSTRUCTION, INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90260 023 ***150.00

Principal Place of Business

13817 WILDWOOD DR
LARGO FL 33774
US

Mailing Address

13817 WILDWOOD DR
LARGO FL 33774
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 59-2970652

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, DAVID A.
13817 WILDWOOD DR
LARGO FL 33774

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, 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 PVS ☐ Delete
NAME REED, DAVID
STREET ADDRESS 10404 HETTRICK CIR E
CITY-ST-ZIP LARGO FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13817 Wildwood Dr
CITY-ST-ZIP LARGO FL 33774

TITLE T ☐ Delete
NAME HOWARD, RANDOLPH
STREET ADDRESS 5612 CIRIMOYA LN
CITY-ST-ZIP SEMINOLE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13817 Wildwood Dr
CITY-ST-ZIP LARGO FL 33774

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

4-11-01 727-593-7967

CR2E034 (10/00)