

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90060 011 ***150.00

0508279 AV

DOCUMENT # L40846
 1. Entity Name
ED REID INC.

Principal Place of Business
~~4420 GOLDEN LAKE DR~~
~~SARASOTA FL 34233~~
~~US~~

Mailing Address
~~4420 GOLDEN LAKE DR~~
~~SARASOTA FL 34233~~
~~US~~



2. Principal Place of Business
20707 79th Ave E
 Suite, Apt. #, etc.

3. Mailing Address
20707 79th Ave E
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bradenton FL

City & State
Bradenton, FL

Zip
34202

Country

4. FEI Number
65-0157249

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
REID, EDWIN B.
815 SEARCY AVE — **new ADDRESS**
SARASOTA FL 34237
20707 79th Ave
Bradenton, FL 34202

7. Name and Address of New Registered Agent
 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. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	D REID, EDWIN B. 4420 GOLDEN LAKE DR SARASOTA FL 34233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, EDWIN B 20707 79th Ave E Bradenton, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REID, JOAN 4420 GOLDEN LAKE DR SARASOTA FL 34233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 20707 79th Ave Bradenton, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: X SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-02 494-753-9412
 Date Daytime Phone #

CR2E034 (9/01)