

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L54354**

1. Entity Name

READ TOOL DESIGN & MANUFACTURING CO., INC.

P

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90012 048 ***150.00

Principal Place of Business

RTE 2 BOX 115
MONTICELLO FL 32344

Mailing Address

P.O. BOX 44
TALLAHASSEE FL 32302

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

59-2996079

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

**REICHMAN, MICHAEL A
380 NO JEFFERSON
MONTICELLO FL 32344**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **DP** ☐ Delete
NAME **READ, JOHN H JR**
STREET ADDRESS **10784 THRASHER RD**
CITY-ST-ZIP **JONESBORO GA 30236**

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

TITLE **DVST** ☐ Delete
NAME **READ, CALVIN**
STREET ADDRESS **USPS PARK AVE @BRONOUGH BOX 44**
CITY-ST-ZIP **TALLAHASSEE FL 32302**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED - D.V.S.T.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-2000 224-1186
Date Daytime Phone #

CR2EM14.15/001

Attachment
L54354
DW95453

To whom it may concern,

I never received my first notice, and I talk to someone
in your office today, and they said to just send in
the 150⁰⁰ by the 13th of Sept.

thanks for your understanding
of this

Richard Read