

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001189

1. Entity Name
LM REED ENTERPRISES, L.C.

Principal Place of Business
205 NORTH TEXAS AVENUE, SUITE 3
TAVARES FL 32778

Mailing Address
205 NORTH TEXAS AVENUE, SUITE 3
TAVARES FL 32778

FILED

01 JAN 16 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3525226

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REED, LISA MARIE
205 NORTH TEXAS AVENUE, SUITE 3
TAVARES FL 32778

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM REED, LISA MARIE ☐ Delete
STREET ADDRESS 205 NORTH TEXAS AVENUE, SUITE 3
CITY-ST-ZIP TAVARES FL 32778

TITLE NAME ☐ Change ☐ Addition
NAME 500003554355-7
STREET ADDRESS -01/18/01--01093--008
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

1/9/01

800-422-1314

CR2E083 (11/00)