

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074962

1. Entity Name
BLREED, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90139 010 ***150.00

Principal Place of Business
**3757 CABBAGE PALM WAY
LOXAHATCHEE FL 33470**

Mailing Address
**3757 CABBAGE PALM WAY
LOXAHATCHEE FL 33470**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13857 Wellington Trace
Suite, Apt. #, etc.
D2

3. Mailing Address
Suite, Apt. #, etc.

City & State
Wellington, Fla

City & State

4. FEI Number
15-1035040

Applied For
Not Applicable

Zip
33414

Country
USA

Zip

Country

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

**SIMEONE, RICHARD J ESQ.
436 S. ANDREWS AVENUE
FORT LAUDERDALE FL 33301**

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. President OFFICERS AND DIRECTORS and VP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President	NAME Barton C Reed	STREET ADDRESS 3757 Cabbage Palm Way	CITY-ST-ZIP Loxahatchee, Fla 33470	<input type="checkbox"/> Delete
TITLE Secretary	NAME Laurie Ann Reed	STREET ADDRESS 3757 Cabbage Palm Way	CITY-ST-ZIP Loxahatchee, Fla 33470	<input type="checkbox"/> Delete
TITLE Treasurer	NAME Michelle E. Reed	STREET ADDRESS 313 Sandpiper Ave	CITY-ST-ZIP Royal Palm Bch, Fla 33411	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE President - Vice President	NAME Barton C. Reed	STREET ADDRESS 3757 Cabbage Palm Way	CITY-ST-ZIP Loxahatchee, Fla 33470	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Secretary	NAME Laurie Ann Reed	STREET ADDRESS 3757 Cabbage Palm Way	CITY-ST-ZIP Loxahatchee, Fla 33470	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Treasurer	NAME Michelle E. Reed	STREET ADDRESS 313 Sandpiper Ave	CITY-ST-ZIP Royal Palm Bch, Fla 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Laurie Ann Reed, sec**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 561-333-2302

Date

Daytime Phone #

CR2E034 (10/00)