

FILED
Jul 02, 2002 8:00 am
Secretary of State

06-11-2002 90393 019 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000080807

1. Entity Name

REED VENTURES, INC.

DO NOT WRITE IN THIS SPACE

37429

2. Principal Place of Business
806 EDGEWATER DRIVE

Suite, Apt. #, etc.

3. Mailing Address
806 EDGEWATER DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
59-3667168

Applied For
Not Applicable

Zip
32804

Country
U.S.

Zip
32804

Country
U.S.

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

7. Name and Address of Current Registered Agent

Name
DECUBELLIS, DANIEL L ESQ.

Street Address (P.O. Box Number is Not Acceptable)
837 NORTH GARLAND AVENUE

City ORLANDO FL Zip Code 32801

**DO NOT WRITE
IN THIS SPACE**

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 state if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 - Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ROBERT H. REED *pres. Sec. Treas*
806 EDGEWATER DRIVE
ORLANDO, FL 32804

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert H. Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-6-02

CR2E034B (12/01)