

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

0141670 AT

DOCUMENT # P00000081474

1. Entity Name
REEDY ENTERPRISES, INC.



Principal Place of Business
15340 SE 73RD AVE
SUMMERFIELD FL 34491

Mailing Address
15340 SE 73RD AVE
SUMMERFIELD FL 34491



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3681432

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

REEDY, KEVIN
15340 SE 73RD AVE
SUMMERFIELD FL 34491

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	REEDY, KEVIN	15340 SE 73RD AVE	SUMMERFIELD FL 34491	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DIRECTOR, PRESIDENT	Kevin Reedy	15340 SE 73RD AVE	SUMMERFIELD, FL 34491	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V.P.	Mike Andrews	14145 SE Hwy 301	SUMMERFIELD, FL 34491	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	GREG WILLIAMS	3001 LAKEVIEW AVE	N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V.P.	GREG WILLIAMS	11520 SE 54 AVE	Bellevue, FL 34420	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-12-03 (352) 307-4855
Date Daytime Phone #

CR2E034 (4/03)