

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90716 009 ***150.00

DOCUMENT # P00000109998

1. Entity Name

REED & ROSE, INC.

Principal Place of Business

66 NORTH ATLANTIC AVENUE
 SUITE 105
 COCOA BEACH FL 32931

Mailing Address

66 NORTH ATLANTIC AVENUE
 SUITE 105
 COCOA BEACH FL 32931

2. Principal Place of Business

104 N. Orlando Ave.

3. Mailing Address

104 N. Orlando Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

201

City & State

Cocoa Beach, FL

City & State

Cocoa Beach, FL

Zip

Country

32931

USA

Zip

32931

Country

USA

4. FEI Number

59-3686303

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROSE, JASON

66 NORTH ATLANTIC AVENUE

SUITE 105

COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name

JASON L. ROSE

Street Address (P.O. Box Number is Not Acceptable)

104 N. Orlando Ave

Ste. 201

City

Cocoa Beach

FL

Zip Code

32931

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, 2002 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. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
 NAME **ROSE, JASON**
 STREET ADDRESS **66 NORTH ATLANTIC AVENUE**
 CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☒ Change ☐ Addition
 NAME **JASON L. ROSE**
 STREET ADDRESS **104 N. Orlando Ave. Ste. 201**
 CITY-ST-ZIP **Cocoa Beach, FL 32931**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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
 JASON L. ROSE

4-12-02

321-799-0016

Date

Daytime Phone #

CR2E034 (9/01)