

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90361 047 ***150.00

DOCUMENT # P01000013280

1. Entity Name
F.M. REED LUMBER COMPANY

Principal Place of Business
4900 BRITTANY DRIVE SOUTH
UNIT 614
SAINT PETERSBURG FL 33715

Mailing Address
4900 BRITTANY DRIVE SOUTH
UNIT 614
SAINT PETERSBURG FL 33715

2. Principal Place of Business
 Suite, Apt. #, etc.

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

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
39-0561750

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

~~SPIEGEL & UTRERA, P.A.~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

Name
Williams, PARKER HARRISON DIETZ + GETZEN
Street Address (P.O. Box Number is Not Acceptable)
Attn: Atty E. C. MARSHALL
200 So. ORANGE AVE
City **Sarasota** **FL** **Zip Code** **34236**

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input type="checkbox"/> Delete
NAME STEPHENS, THOMAS R	
STREET ADDRESS 4900 BRITTANY DRIVE SOUTH UNIT 614	
CITY-ST-ZIP SAINT PETERSBURG FL 33715	
TITLE VD	<input type="checkbox"/> Delete
NAME STEPHENS, REED L	
STREET ADDRESS 4900 BRITTANY DRIVE SOUTH UNIT 614	
CITY-ST-ZIP SAINT PETERSBURG FL 33715	
TITLE SD	<input type="checkbox"/> Delete
NAME STEPHENS, MARY W	
STREET ADDRESS 4900 BRITTANY DRIVE SOUTH UNIT 614	
CITY-ST-ZIP SAINT PETERSBURG FL 33715	
TITLE TD	<input type="checkbox"/> Delete
NAME STEPHENS, ROBERT G	
STREET ADDRESS 4900 BRITTANY DRIVE SOUTH UNIT 614	
CITY-ST-ZIP SAINT PETERSBURG FL 33715	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHNSON, M.L.C.	
STREET ADDRESS 4900 BRITTANY DRIVE SOUTH UNIT 614	
CITY-ST-ZIP SAINT PETERSBURG FL 33715	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

F.M. Reed Lumber Co.
Thomas R. Stephens Pres.
THOMAS R. STEPHENS

4-1-02

Date

727-867-5171

Daytime Phone #

(10/6/02)