

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90065 006 ***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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **39-0561750**

Applied For

Not Applicable

Zip

Country

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

**WILLIAMS, PARKER, HARRISON...
ATTN: E.C. MARSHALL
200 SO. ORANGE AVE
SARASOTA FL 34236**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. 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	D	<input type="checkbox"/> Delete
NAME	JOHNSON, M.L.C.	
STREET ADDRESS	4400 BRITTANY DRIVE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33715	
TITLE		<input type="checkbox"/> Delete
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
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 a checkmark indicating the change.

SIGNATURE:

Thomas R. Stephens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/03 727-867-5771

CR2E034 (10/02)