Ref. # P01000024234

FILED
Jun 13, 2003 8:00 am
Secretary of State

05-01-2003 90412 042 ***150.00

5/1/

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000024234

1. Entity Name
CLIFF REDA MAINTENANCE, INC.

55048087

Principal Place of Business	Mailing Address
4742 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652	4742 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6825 Udell Ln.	6825 Udell Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hudson, FL.	City & State: Hudson, FL.
Zip: 34667 Country: Pasco	Zip: 34667 Country: Pasco

4. FEI Number: 30-0084602 — [X] Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

TOMLINSON, KATHLEEN
12134 US HWY 19
HUDSON, FL 34667

7. Name and Address of New Registered Agent

Name: Cliff Reda
Street Address (P.O. Box Number is Not Acceptable): 6825 Udell Ln.
City: Hudson FL Zip Code: 34667

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] DATE: 4-15-03

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

[illegible]

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: P NAME: REDA, CLIFF STREET ADDRESS: 4742 TROUBLE CREEK RD CITY-ST-ZIP: NEW PORT RICHEY, FL 34652	☐ Delete	TITLE: P NAME: Cliff Reda STREET ADDRESS: 6825 Udell Ln. CITY-ST-ZIP: Hudson, FL 34667	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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] 4-15-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #