

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-28-2002 91764 045 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000027581

1. Entity Name
BEVERLY REED & ASSOCIATES, INC.

Principal Place of Business
~~8545 SOUTH OCEAN BLVD #1308~~
SOUTH PALM BEACH FL 33480

Mailing Address
~~8545 SOUTH OCEAN BLVD #1308~~
SOUTH PALM BEACH FL 33480

37789



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3570 So. Ocean Blvd.
Suite, Apt. #, etc.
909

3. Mailing Address
P.O. Box 1202
Suite, Apt. #, etc.

City & State
So Palm Beach West Palm Beach FL

4. FEI Number
65-1089628

Applied For
Not Applicable

Zip
FL

Country
PALM BEACH 33402-1202 PALM BEACH

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REED, BEVERLY L
8545 SOUTH OCEAN BLVD #1308 # 909
SOUTH PALM BEACH FL 33480

7. Name and Address of New Registered Agent
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.

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: SIG Beverly L. Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/02 (561) 547-8700
Date Daytime Phone #

CR2E034 (9/01)



Attachment
37789

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 5, 2002

★★ BEVERLY REED & ASSOCIATES, INC.
3545 SOUTH OCEAN BLVD #N306
SOUTH PALM BEACH, FL 33480

Subject: BEVERLY REED & ASSOCIATES, INC.

Reference Number: P01000027581

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

★ List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ns

ANNUAL REPORTS SECTION

★ ~~SEE ATTACHED~~ PLEASE NOTE BEVERLY L. REED IS THE ONLY OFFICER/DIRECTOR OF THE CORPORATION. THANK YOU.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

★ PLEASE NOTE ANNUAL CHARGE