

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90008 016 ***150.00

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DOCUMENT # P01000082948
 1. Entity Name
GAYLAND H. REED, INC.

Principal Place of Business Mailing Address
~~174 VIA LARGO~~ ~~174 VIA LARGO~~
SANTA ROSA BEACH FL 32459 **SANTA ROSA BEACH FL 32459**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2703 S.W. 27th St **2703 S.W. 27th St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Cape Coral FL **Cape Coral FL**
 Zip Country Zip Country
33914 **USA** **33914** **USA**

4. FEI Number Applied For
59-3738207 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REED, GAYLAND H
174 VIA LARGO
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2703 SW 27th St
 City State Zip Code
Cape Coral **FL** **33914**

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 *Gayland H. Reed* *Gayland H. Reed* DATE **3-13-02**
Signature of individual 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	REED, GAYLAND H	
STREET ADDRESS	174 VIA LARGO	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	<i>2703 S.W. 27th St Cape Coral FL 33914</i>
TITLE	ST	<input type="checkbox"/> Delete
NAME	REED, DELORES S.	
STREET ADDRESS	2703 S.W. 27th St	
CITY-ST-ZIP	Cape Coral FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>Address Change</i>	
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED DELORES S	
STREET ADDRESS	2703 S.W. 27th St	
CITY-ST-ZIP	Cape Coral FL 33914	
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: *Gayland H. Reed* DATE: **3-13-02** DAYTIME PHONE #: **941-872-3240**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)