

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000007841

1. Entity Name
J. REED CORP.

FILED
Sep 07, 2000 8:00 am
Secretary of State
09-07-2000 90036 049 ***550.00

Principal Place of Business

~~4655 UNIVERSITY DRIVE~~
CORAL SPRINGS FL 33067
US

Mailing Address

~~4655 UNIVERSITY DRIVE~~
CORAL SPRINGS FL 33067
US

00004434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4649 University Drive
Suite, Apt. #, etc.

3. Mailing Address

4649 University Drive
Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip
33067

Country

USA

City & State

Coral Springs, FL

Zip
33067

Country

USA

4. FEI Number

65-0463516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLK, JONATHAN R
~~4655 UNIVERSITY DR~~
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4649 University Drive

City

Coral Springs

FL

Zip Code

33067

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DP	<input type="checkbox"/> Delete
NAME	WOLK, JONATHAN R	
STREET ADDRESS	4655 NORTH UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WOLK, ALLISON	
STREET ADDRESS	4655 NORTH UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4649 N. University Drive	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4649 N. University Drive	
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		
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/00

Date

(954) 423-1514

Daytime Phone #

CR2E034 (5/00)