

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000062655

1. Entity Name
READING ENTERPRISES, INC.

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90106 023 ***150.00

Principal Place of Business
4421 ROCK SPRINGS ROAD
APOPKA FL 32712
US

Mailing Address
525 BISON CIRCLE
APOPKA FL 32712
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 2025

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
APOPKA FL

Zip

Country

Zip
32704

Country

Orange

4. FEI Number 59-3267852

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

READING, MICHAEL T
525 BISON CIRCLE
APOPKA FL 32712

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

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 \$150.00
After MAY 1, 2001 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 P
NAME READING, MICHAEL T
STREET ADDRESS 525 BISON CIRCLE
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE ST
NAME READING, CAROLE M
STREET ADDRESS 525 BISON CIRCLE
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Michael T Reading
NAME P.O. Box 2025
STREET ADDRESS APOPKA, FL 32704
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ST
NAME CAROLE M. Reading
STREET ADDRESS P.O. Box 2025
CITY-ST-ZIP APOPKA, FL 32704 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

MICHAEL T. READING, PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0044287