

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000016002

1. Entity Name

AUSTIN C. REED TILE & MARBLE, INC.

Principal Place of Business

471 SPINNAKER DR
NAPLES FL 34102
US

Mailing Address

471 SPINNAKER DR
NAPLES FL 34102
US

2. Principal Place of Business

4110 Enterprise Ave.

3. Mailing Address

4110 Enterprise Ave.

Suite, Apt. #, etc.

#218

Suite, Apt. #, etc.

#218

City & State

Naples, FL

City & State

Naples, FL

Zip

34104

Country

US

Zip

34104

Country

US

6. Name and Address of Current Registered Agent

AUSTIN C REED
471 SPINNAKER DR
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

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

4110 Enterprise Ave.

#218

City

Naples, FL

FL

Zip Code

34104

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

Meghan C. Reed Meghan C. Reed, Secretary/Treasurer 2/19/01

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	PD	<input type="checkbox"/> Delete
NAME	REED, AUSTIN C	
STREET ADDRESS	471 SPINNAKER DR	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	V	<input type="checkbox"/> Delete
NAME	REED, SCOTT	
STREET ADDRESS	471 SPINNAKER DR.	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	ST	<input type="checkbox"/> Delete
NAME	REED, MEGHAN	
STREET ADDRESS	471 SPINNAKER DR.	
CITY-ST-ZIP	NAPLES FL 34102	
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	
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	
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:

Meghan C. Reed Meghan C. Reed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01

Date

(941) 263-7050

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)