

2000 UNIFORM BUSINESS REPORT (UBR)

082100

DOCUMENT # P95000017705

1. Entity Name

KEN REED PRINTING, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 AUG 23 PM 12:52

Principal Place of Business

8251 BUSINESS PARK DRIVE
PORT ST. LUCIE FL 34952

Mailing Address

8251 BUSINESS PARK DRIVE
PORT ST. LUCIE FL 34952-7950

2. Principal Place of Business

475 B RIO MAR DR.

3. Mailing Address

475 B RIO MAR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT ST. LUCIE, FL

City & State

PORT ST. LUCIE, FL

4. FEI Number

65-0571112

Applied For

Not Applicable

Zip

Country

34952 USA

Zip

Country

34952 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REED, KENNETH E
8251 BUSINESS PARK DRIVE
PORT ST. LUCIE FL 34952

NAME
KENNETH E. REED
Street Address (P.O. Box Number is Not Acceptable)
475 B RIO MAR DR.

City State Zip Code
PORT ST. LUCIE FL 34952

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

Kenneth E. Reed

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

X 6-16-2000

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, 2000 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 P
NAME REED, KENNETH E
STREET ADDRESS 326 HOLLY AVE.
CITY-ST-ZIP PT. ST. LUCIE FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3000003371639--1
-08/24/00--01051--001
****550.00 ****550.00

TITLE ST
NAME REED, ANNETTE
STREET ADDRESS 326 HOLLY AVE.
CITY-ST-ZIP PT. ST. LUCIE FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: X

Kenneth E. Reed REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 6-16-2000 (561) 879-2727
Date Daytime Phone #

CR2E034 (9/99)