

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # p 95060021143

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90257 001 \*\*\*150.00  
 05-06-2000 90257 002 \*\*\*\*\*8.75

11870

DO NOT WRITE IN THIS SPACE

1. Entity Name

Reid Consulting, Inc.

Principal Place of Business

836 Erickson Lane  
Foster City

Mailing Address

5879 Okeechobee Blvd  
Suite 201  
West Palm Beach, FL  
33417

2. Principal Place of Business

322 Sailfish Isle  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4854  
 Suite, Apt. #, etc.

City & State

Foster City CA

City & State

Foster City CA

4. FEI Number

65-0565708

Applied For

Not Applicable

Zip

94404

Country

US

Zip

94404

Country

US

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

James Keith A  
5725 Corporate Way, Ste. 10  
Suite 106  
West Palm Beach, FL 33407

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, 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

TITLE D ☐ Delete  
 NAME Reid, Danny E  
 STREET ADDRESS 836 Erickson Lane  
 CITY-ST-ZIP Foster City, CA 94404

TITLE D ☐ Delete  
 NAME Reid, Dawn  
 STREET ADDRESS 836 Erickson Lane  
 CITY-ST-ZIP Foster City, CA 94404

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 332 Sailfish Isle  
 CITY-ST-ZIP Foster City, CA 94404

TITLE T/S/D ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 322 Sailfish Isle  
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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:

Dawn P. Reid Dawn P. Reid  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/00  
 Date

(650) 341-4911  
 Daytime Phone #

CR2E034 (9/99)