

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067462

1. Entity Name

REED'S AUTO SALVAGE, INC.

Principal Place of Business

Mailing Address

7TH AVENUE EAST & HICKORY  
ZOLFO SPRINGS FL 33890  
US

3900 CEMETERY RD.  
SEBRING FL 33870

2. Principal Place of Business

2550 Hwy. 11 South

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wauchula, FL

City & State

Zip

33813

Country

U.S.

Zip

Country

4. FEI Number

65-0606338

Applied For

Not Applicable

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, JIM

3900 CEMETERY RD.  
SEBRING FL 33870

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME REED, JIM  
STREET ADDRESS 3900 CEMETERY RD.  
CITY-ST-ZIP SEBRING FL 33870

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

TITLE ☐ Delete  
NAME REED, SAUNDRA  
STREET ADDRESS 2633 VAN PELT RD.  
CITY-ST-ZIP SEBRING FL 33870

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01

Date

863-385-6196

Daytime Phone #

CR2E034 (10/00)

0380043

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90061 042 \*\*\*150.00

C0004259



DO NOT WRITE IN THIS SPACE