

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096500

1. Entity Name

REED & BAILEY LAUNDRY EQUIPMENT, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90222 008 ***150.00

Principal Place of Business

Mailing Address

1747 CATTLEMAN ROAD
SARASOTA FL 34232

1747 CATTLEMAN ROAD
SARASOTA FL 34232-6234
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0710061

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

REYNOLDS, JOSHUA E ESQ.
1432 FIRST STREET
SUITE C
SARASOTA FL 34236

Name

Jeaneper Bailey

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

1747 Cattleman Rd

City

Sarasota

FL

Zip Code

34232

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

Jeaneper Bailey VP

3-30-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	REED, DAVID	
STREET ADDRESS	1747 CATTLEMAN ROAD	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	BAILEY, JEANEPPER	
STREET ADDRESS	1747 CATTLEMAN ROAD	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)