

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042053

1. Entity Name

REED'S EXCAVATING, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90016 050 ***150.00

Principal Place of Business

3452 SW HWY 17
ARCADIA FL 34266
US

Mailing Address

3452 SW HWY 17
ARCADIA FL 34266-6660
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number: 59-3445478

Applied For

Not Applicable

Zip

Country

Zip

Country

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, TIMOTHY A
2010 SW FLETCHER ST
ARCADIA FL 34266

Name: SOUTHWEST PROF SERVICES OF
FORT MYERS, INC.

Street Address: 13571 MCGREGOR BLVD
SUITE 22

City: FORT MYERS, FL Zip Code: 33919

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: Patricia Goldberg
Signature, typed name of registered agent and filer, applicable

DATE: 3/21/00

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, TIMOTHY A
STREET ADDRESS: 3452 SW HWY 17
CITY-ST-ZIP: ARCADIA FL 34266

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

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/00

CR2E034 (9/99)