

# 2000 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # **P980000052228**

1. Entity Name

**Reet Raiden Inc**

Principal Place of Business

Mailing Address

**3028 Elmwood Rd**

**Tallahassee, FL 32311**

2. Principal Place of Business

**3028 Elmwood Rd**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tallahassee, FL**

City & State

Zip

**32311**

Country

**LEON**

Zip

Country

4. FEI Number

**59-3516293**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Gary Middleton  
3028 Elmwood Rd  
Tallahassee, FL 32311**

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]*

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	<b>President</b>	<input type="checkbox"/> Delete
NAME	<b>Gary Middleton</b>	
STREET ADDRESS	<b>3028 Elmwood Rd</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32311</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>Gregory Wahlen Newman</b>	
STREET ADDRESS	<b>P.O. Box 868</b>	
CITY-ST-ZIP	<b>Corraette, FL 32322</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEFF R. LUKE, JR.</b>	
STREET ADDRESS	<b>P.O. Box 555</b>	
CITY-ST-ZIP	<b>SOPHOPHY, FL. 32358</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

APPROVED  
AND  
FILED

OCT 27 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA