

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104264

1. Entity Name

REEDER LEASING & INVESTMENTS, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90167 023 ***150.00

Principal Place of Business

2430 SOUTH NOVA RD.
SOUTH DAYTONA FL 32119

Mailing Address

2430 SOUTH NOVA RD.
SOUTH DAYTONA FL 32119

2. Principal Place of Business

3. Mailing Address

P.O. BOX 214369

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SOUTH DAYTONA, FL

Zip

Country

Zip

Country

32119-4369

USA

4. FEI Number 59-3550080

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

DELAHANTY, EDWARD J
2430 SOUTH NOVA RD.
SOUTH DAYTONA FL 32119

Name

RICE, ROSE + SNELL, P.A.

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

20 N. HALIFAX AVE

City

DAYTONA BEACH

FL

Zip Code

32118

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

JAMES L. ROSE

1-26-01

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 P
NAME DELAHANTY, EDWARD J
STREET ADDRESS 84 CUNNINGHAM DR.
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE ST
NAME DELAHANTY, MARIE A
STREET ADDRESS 84 CUNNINGHAM DR.
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
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

1/17/01

Date

904-288-9298

Daytime Phone #

CR2E034 (10/00)