

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027610

1. Entity Name

REED'S INVESTMENT CORPORATION

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

04-06-2000 90015 041 \*\*\*150.00

Principal Place of Business

3452 S.W. HIGHWAY 17  
ARCADIA FL 34266

Mailing Address

3452 S.W. HIGHWAY 17  
ARCADIA FL 34266-6660

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

65-0923208

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, TIMOTHY A  
3452 S.W. HIGHWAY 17  
ARCADIA FL 34266

Name SOUTHWEST PROF. SERVICES OF  
FORT MYERS, INC.

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

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

SOUTHWEST PROF. SERVICES OF FORT MYERS, INC.  
*Patricia Goldberg*  
SIGNATURE OF REGISTERED AGENT (REQUIRED WHEN REINSTATING)

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 DST  
NAME REED, TIMOTHY A  
STREET ADDRESS 3452 S.W. HIGHWAY 17  
CITY-ST-ZIP ARCADIA FL 34266 ☒ Delete

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

TITLE DP  
NAME REED, GINA  
STREET ADDRESS 3452 S.W. HIGHWAY 17  
CITY-ST-ZIP ARCADIA FL 34266 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

Date

Daytime Phone #

CR2E034 (9/99)