2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State
04-06-2000 90015 041 ***150.00

DOCUMENT # P99000027610

1. Entity Name

REED'S INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
3452 S.W. HIGHWAY 17 ARCADIA FL 34266	3452 S.W. HIGHWAY 17 ARCADIA FL 34266-6660

DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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 DATE 3/21/00

Signature of new registered agent, and FL if applicable (NOTE: Registered Agent signature required when reinstating)

PATRICIA GOLDBERG PRES.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DST REED, TIMOTHY A 3452 S.W. HIGHWAY 17 ARCADIA FL 34266	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP REED, GINA 3452 S.W. HIGHWAY 17 ARCARDIA FL 34266	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: _____ 3/21/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #