2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

FILED Apr 03, 2000 8:00 am Secretary of State DOCUMENT # P99000052640 1. Entity Name REEDER GROUP, INC. 04-03-2000 90123 024 ***150.00 Mailing Address Principal Place of Business 1200 BURLINGTON COURT 1200 BURLINGTON COURT AUBURNDALE FL 33823 AUBURNDALE FL 33823-2031 3. Mailing Address 2. Principal Place of Business 2000 Ariana Boulevard 2000 Ariana Boulevard Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable 59-3586521 Auburndale, <u>Auburndale, </u> Florida Florida \$8.75 Additional Zip 5. Certificate of Status Desired 33823 Fee Required 33823 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REEDER, STEPHEN G Street Address (P.O. Box Number is Not Acceptable) 1200 BURLINGTON COURT AUBURNDALE FL 33823 2000 Ariana Boulevard Zip Code 33823 City Auburndale 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition D ☐ Delete TITLE D/P/T TITLE REEDER, STEPHEN G NAME NAME 2000 Ariana Boulevard STREET ADDRESS 1200 BURLINGTON COURT STREET ADDRESS CITY-ST-ZIP AUBURNDALE FL 33823 CITY-ST-ZIP Addition Change Delete TITLE TITLE D/S/VP REEDER, CAROL L NAME 1200 BURLINGTON COURT STREET ADDRESS STREET ADDRESS 2000 Ariana Boulevard CITY-ST-ZIP AUBURNDALE FL 33823 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 of rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

n all other like empowered.