

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91286 015 ***158.75

AD067687

DO NOT WRITE IN THIS SPACE

DOCUMENT # P.99000072286

1. Entity Name
JODY REED ENTERPRISES, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address
18035 Wayne Road 18035 Wayne Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Odessa, FL Odessa, FL

Zip Country Zip Country
33556 USA 33556 USA

4. FEI Number Applied For
59-3593950 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Temple H. Drummond
Kass, Shuler, Solomon, Spector, et al
1505 North Florida Avenue
Tampa, FL 33602

7. Name and Address of New Registered Agent
 Name **Temple H. Drummond, Esq.**
 Street Address (P.O. Box Number is Not Acceptable) **Akeman Senterfitt & Eidson**
100 S. Ashley Drive, Suite 1500
 City **Tampa FL** Zip Code **33602**

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 Temple H. Drummond **Temple H. Drummond, Registered Agent** **04/27/01**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jody Reed 18035 Wayne Road Odessa, FL 33556 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jody Reed **Jody Reed, Director** **04/27/01** **813 926 1203**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)