

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076458

1. Entity Name

J.D. REED HOME IMPROVEMENTS INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90012 039 ***150.00

Principal Place of Business

2520 S SANFORD AVE
 SANFORD FL 32772

Mailing Address

P O BOX 681
 SANFORD FL 32772-0681

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3596928

Applied For

Not Applicable

Zip

Country

Zip

Country

32773

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, JOIE S SR
 2520 S SANFORD AVE
 SANFORD FL 32772

Name

MARVELLEN REED, V/S/T

Street Address (P.O. Box Number is Not Acceptable)
 2520 S. Sanford Ave

City

SANFORD

FL

Zip Code

32773

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

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, 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE (PRESIDENT ☐ Change ☒ Addition
 NAME JOIE D. Reed Sr.
 STREET ADDRESS 2520 S. Sanford Ave
 CITY-ST-ZIP Sanford, FL 32773

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V/S/T PRESIDENT ☐ Change ☒ Addition
 NAME MARVELLEN REED
 STREET ADDRESS 2520 S. SANFORD AVE
 CITY-ST-ZIP SANFORD, FL 32773

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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

MARVELLEN REED, V/S/T

02/23/00 (407) 321-8382

Date

Daytime Phone #

CR2E034 (9/99)