

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082788

1. Entity Name  
REED & ROSE COMPUTER CONSULTING, INC.

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90003 043 \*\*\*158.75

Principal Place of Business  
318 CHARLES ST  
PORT ORANGE FL 32119

Mailing Address  
318 CHARLES ST  
PORT ORANGE FL 32119-3428

2. Principal Place of Business  
4256 Cardinal Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
4256 Cardinal Blvd  
Suite, Apt. #, etc.

City & State  
Daytona Beach, FL

City & State  
Daytona Beach, FL

Zip  
32127

Country  
USA

Zip  
32127

Country  
USA

4. FEI Number  
593602816

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
REED, WILLIAM  
318 CHARLES ST  
PORT ORANGE FL 32119

7. Name and Address of New Registered Agent  
Name  
JASON L. ROSE  
Street Address (P.O. Box Number is Not Acceptable)  
4256 Cardinal Blvd.  
Daytona Beach FL Zip Code 32127

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 *Jason L. Rose* JASON L. ROSE 2/27/00  
(NOTE: Registered Agent signature required when reinstating)

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 D	NAME REED, WILLIAM	<input checked="" type="checkbox"/> Delete	TITLE Vice President	NAME Reed, William M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 318 CHARLES ST	CITY-ST-ZIP PORT ORANGE FL 32119		STREET ADDRESS 4256 Cardinal Blvd.	CITY-ST-ZIP Daytona Beach, FL 32127	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE President	NAME ROSE, Jason L.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS 4256 Cardinal Blvd.	CITY-ST-ZIP Daytona Beach, FL 32127	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		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 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: *Jason L. Rose* JASON L. ROSE 2/27/00 904-756-9996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)