

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094539

1. Entity Name

THE P.J. REED GROUP, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90017 020 ***150.00

Principal Place of Business

Mailing Address

4025 TAMPA ROAD
 SUITE 11110
 OLDSMAR FL 34677

POST OFFICE BOX 1108
 ISLAMORADA FL 33036-1108

2. Principal Place of Business

4955 Lambridge Ct.

3. Mailing Address

36181 East Lake Rd.

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

#181

City & State

Palm Harbor FL

City & State

Palm Harbor FL

4. FEI Number

65 0953358

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Paula J. Reed

Street Address (P.O. Box Number is Not Acceptable)

36181 East Lake Road
 #181

City Palm Harbor

FL

Zip Code 34685

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)

4-6-00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSD	REED, PAULA J	4025 TAMPA ROAD SUITE 1110	OLDSMAR FL 34677	<input type="checkbox"/>
VTD	REED, CRAIG W	4025 TAMPA ROAD SUITE 1110	OLDSMAR FL 34677	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PSD	Reed, Paula J.	36181 East Lake Rd. #181	Palm Harbor FL 34685	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VTD	Reed, Craig W.	36181 East Lake Rd. #181	Palm Harbor FL 34685	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

DATE

4-6-00

DAYTIME PHONE #

727-985-9500

CR2E034 (9/99)