2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nar	MENT # S02650 9 S. REED, P.A.)		ν		or-12-2001 90	\mathbf{y} of \mathbf{S}	Sta	te
Principal Place of Business Mailing Address					†				
202 SOUTH WESTLAND		202 SOUTH WESTLAND							
TAMPA FL 3	3606	TAMPA FL 33806							
2. Principal F	Place of Business	3. Mailing Address				IBSO (III OBIIIO IIOSO OLIDI BIİTI	AAN PRON DIBIR 119		ON DIBLI IRBI
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Numb	59-3044778	•		olied For Applicable
Zip _		Zip	- Counti	ry ^{ry of the free first}	5. Certificate	e of Status Desired		5 Addit	tional
	6. Name and Address of Current Re	gistered Agent	1		7. Name and	d Address of New Reg		·	
REED, RONALD S.				Name					
202 SOUTH WESTLAND AVE.			ĺ	Street Address (P.O. Box Number is Not Acceptable)					
TAMPA F					•				•
j	•		City	FL Zip Code					
8. The above	e named entity submits this statement for the	ne purpose of changing its	registere	d office or register	ed agent, or bo	oth, in the State of Florid	da.	-	•
Tax filing	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After September 12 Make Check Payab	!! FEE I	ee will be \$750.	10. Ele	ection Campaign Finar ust Fund Contribution.		\$5.00 Added t	May Be
11.	OFFICERS AND DIS		12.	partment of Star		/CHANGES TO OFFIC	EDS AND DIDE	TODS.	(6) 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST REED, RONALD S. 4414 LARKFIELD LANE TAMPA FL	☐ Delete	TITLE NAME	T ADDRESS ST-ZIP	ADDITIONS	YOU AND LESS TO OTT TO	□ Cr		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP = .	D REED, RONALD S. 4414 LARKFIELD LANE TAMPA FL	☐ Delete	TITLE NAME STREET	ADDRESS ST-ZIP			Cr	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			□ Ch	ange	Addition
TITLE Name Street address City-St-Zip		□ Delete	TITLE NAME STREET CITY-S	ADORESS			□ Cr	ange	☐ Addition
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			ş - Ch	ange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		:	Ch	ange	Addition
of the cor	certify that the information supplied with this on this report or supplemental report is tru poration or the receiver or trustee empowe or on an attachment with an address, with	e and accurate and that m red to execute this report a	IV EIODAÐ I	ra chall hava tha e	ame legal offer	t as if made under eat	that I am an a	Hinne a	r director

SIGNATURE:

PROMALD S. REED

101 813-251-216