

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90068 007 \*\*\*150.00

0290113 AV

**DOCUMENT # V40973**

1. Entity Name  
**REED AEROSPACE, INC.**



Principal Place of Business  
**1514 PERIMETER ROAD, SUITE 106  
WEST PALM BEACH FL 33406  
US**

Mailing Address  
**1514 PERIMETER ROAD, SUITE 106  
WEST PALM BEACH FL 33406  
US**



2. Principal Place of Business  
**230 ROYAL PALM WAY**

3. Mailing Address  
**230 ROYAL PALM WAY**

Suite, Apt. #, etc.  
**402**

Suite, Apt. #, etc.  
**402**

City & State  
**PALM BEACH, FL**

City & State  
**PALM BEACH, FL**

Zip  
**33480**

Country

Zip  
**33480**

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0337116**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**REED, G. PETER JR.  
1514 PERIMETER ROAD  
SUITE 106  
WEST PALM BEACH FL 33406**

**7. Name and Address of New Registered Agent**

Name **REED, G. PETER, JR.**  
Street Address (P.O. Box Number is Not Acceptable)  
**230 ROYAL PALM WAY, SUITE 402**  
City **PALM BEACH** **FL** Zip Code **33480**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **G. Peter Reed, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/22/2003**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **PTSD** ☐ Delete  
NAME **REED, G. PETER JR.**  
STREET ADDRESS **1514 PERIMETER ROAD, SUITE 106**  
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **230 ROYAL PALM WAY, SUITE 402**  
CITY-ST-ZIP **PALM BEACH, FL 33480**

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **G. Peter Reed**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/2003 561-840-8737**

Date

Daytime Phone #

CR2E034 (10/02)