

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90014 043 ***150.00

DOCUMENT # V61759

1. Entity Name
REED & COMPANY, INC.

Principal Place of Business

127 FAIRWAY CIRCLE
NAPLES FL 34110
US

Mailing Address

127 FAIRWAY CIRCLE
NAPLES FL 34110
US

2. Principal Place of Business

5610 Yahl St. Unit 1

3. Mailing Address

5610 Yahl St. Unit 1

Suite, Apt. #, etc.

Naples

Suite, Apt. #, etc.

Naples

City & State

FL

City & State

FL

Zip

34109

Country

USA

Zip

34109

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0359992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REED, MERIAM
127 FAIRWAY CIRCLE
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name

Meriam Reed

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

5610 Yahl St. Unit 1

City

Naples

FL

Zip Code

34109

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 **Meriam Reed, sec/Treas** **Meriam Reed** **1-8-02**

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, 2002 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	V	<input checked="" type="checkbox"/> Delete
NAME	REED, CHRISTOPHER	
STREET ADDRESS	127 FAIRWAY CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	REED, GERALD E.	
STREET ADDRESS	127 FAIRWAY CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	REED, MERIAM L.	
STREET ADDRESS	127 FAIRWAY CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: **Meriam Reed, sec/Treas** **1-8-02 941-591-2019**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)