

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90168 041 \*\*\*150.00

**DOCUMENT # J37250**

1. Entity Name  
**C.L. REEDY AND ASSOCIATES, INC.**

Principal Place of Business <b>104 NEWT WHELOCK RD          JONESBOROUGH TN 37659          US</b>	Mailing Address <b>104 NEWT WHELOCK RD          JONESBOROUGH TN 37659          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2727359</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>ARBOGAST, MATTHEW          112 W. NEW HAVEN AVE          SUITE 201          MELBOURNE FL 32901</b>	7. Name and Address of New Registered Agent Name <b>DANA D. FERRELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>2190 LAKESIDE AVENUE</b> City <b>MELBOURNE</b> <b>FL</b> Zip Code <b>32934</b>
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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 *Dana Ferrell* **DANA FERRELL** DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>REEDY, CHARLES L.</b> <b>104 NEWT WHELOCK RD</b> <b>JONESBOROUGH TN</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Charles L. Reedy* **CHARLES L. REEDY** 4-7-01 (423) 349-4714  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)