

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90049 014 ****61.25

DOCUMENT # N31514

1. Entity Name

THE REDBONE, INC.

Principal Place of Business

Mailing Address

**200 INDUSTRIAL DRIVE
 ISLAMORADA FL 33036
 US**

**P. O. BOX 273
 ISLAMORADA FL 33036-0273
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0180140

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLIS, GARY
 #5 DAVIS DR
 LOWER MATECOMBE KEY
 ISLAMORADA FL 33036**

Name

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

City

FL

Zip Code

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)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	NAME	TITLE	NAME
DP	ELLIS, GARY		
	#5 DAVIS DR LOWER MATECO		
	ISLAMORADA FL		
STR	SEBBEN, MARCY		
	200 HARBORVIEW DRIVE		
	TAVERNIER FL		
DV	STAGG, MARY ANN		
	9 BARRACUDA LANE		
	ISAMORADA FL		
D	BREWER, CRAIG		
	PO BOX 951 N/A		
	ISLAMORADA FL		
D	MCGARRY, JAMES R.		
	BOX 133		
	ISLAMORADA FL		

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 617, 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00 (305) 664-2002
 Date Daytime Phone #

CR2E037 (9/99)