

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K92290

1. Entity Name

REDD TEAM MANUFACTURING, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90005 014 ***150.00

Principal Place of Business Mailing Address
6587 SR 21 N
PO BOX 658
KEYSTONE HEIGHTS FL 32656
US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number 59-2977337 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FEEKEN, KENNETH J.
6587 SR 21 N
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

Name FeeKen, Kenneth J
Street Address (P.O. Box Number is Not Acceptable)
8315 LILLY LK Road
City Melrose FL Zip Code 32666

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 *Kenneth J. Feeken* 2-1-00
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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEEKEN, KENNETH J.		NAME	FeeKen, Kenneth J	
STREET ADDRESS	6900 CR 219, P.O. BOX 1429		STREET ADDRESS	8315 LILLY LAKE ROAD	
CITY-ST-ZIP	KEYSTONE HGTS. FL 32656		CITY-ST-ZIP	Melrose FL 32666	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEEKEN, LORI J		NAME	FeeKen, Lori J	
STREET ADDRESS	6900 CR 214, P.O. BOX 1429		STREET ADDRESS	8315 LILLY LAKE ROAD	
CITY-ST-ZIP	KEYSTONE HGTS. FL 32656		CITY-ST-ZIP	Melrose FL 32666	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Kenneth J. Feeken* 2-1-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)