

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90164 025 \*\*\*150.00

0028128 AV

**DOCUMENT # P00000048109**

1. Entity Name

**SHADES OF RED INCORPORATED**



Principal Place of Business

**2534 CAMELOT COURT  
COOPER CITY FL 33026**

Mailing Address

**2534 CAMELOT COURT  
COOPER CITY FL 33026**

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

**65-1013101**

Applied For

Not Applicable

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

**SUTTON, MELINDA E**

**2534 CAMELOT CT**

**COOPER CITY FL 33026**

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

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete  
NAME **GARDNER, TINA**  
STREET ADDRESS **2534 CAMELOT COURT**  
CITY-ST-ZIP **COOPER CITY FL 33026**

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

TITLE **VTD** ☐ Delete  
NAME **SUTTON, MELINDA**  
STREET ADDRESS **2534 CAMELOT COURT**  
CITY-ST-ZIP **COOPER CITY FL 33026**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**7/9/03**  
Date

**954 577 4077**  
Daytime Phone #

CR2E034 (4/03)

*Attachment*

*90142026*

*#P00000048109*

**Shades of Red Incorporated  
2534 Camelot Court  
Cooper City, FL 33026**

July 8, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Shades of Red Incorporated  
Doc. #P00000048109  
FEI. #65-1013101

Dear Sir/Madam:

Enclosed please find a check payable to the Department of State in the amount of \$150.00. Also enclosed is the year 2003 Uniform Business Report.

We have just received this report for the first time this year. It indicates filing is due by September 10, 2003. If we had received this report prior to May 1<sup>st</sup>, we certainly would have paid it timely. Please accept this payment and report for the year 2003 filing requirement.

Thank you for your help regarding this matter.

Sincerely,

*Tina L. Gardner*

Tina Gardner