

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 278054

1. Entity Name

REDI-GO, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90064 015 ***150.00

Principal Place of Business

Mailing Address

440 E. HAITI AVENUE
P.O. BOX 656
CLEWISTON FL 33440

440 E. HAITI AVENUE
P.O. BOX 656
CLEWISTON FL 33440-0656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1033622**

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

BASS, R.H.
440 E. HAITI AVENUE
CLEWISTON FL 33440

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

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

TITLE ☐ Delete

NAME **P. BASS, R H**
STREET ADDRESS **BOX 656 440 E HAITI N/A**
CITY-ST-ZIP **CLEWISTON, FLORIDA 0**

TITLE ☐ Delete

NAME **AST COOTS, RAYMOND D.**
STREET ADDRESS **335 VIA DEL AQUA BOX 656**
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE ☐ Delete

NAME **S NESBITT, NANCY J**
STREET ADDRESS **717 REDISH CIRCLE**
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Bass

1/6/00

Date

863-983-9550

Daytime Phone #