

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 383495

1. Entity Name

RED E ENTERPRISES, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90040 009 ***150.00

Principal Place of Business

P.O. BOX 587
BETWEEN MILE MARKERS 99 AND 100
KEY LARGO FL 33037

Mailing Address

P.O. BOX 587
BETWEEN MILE MARKERS 99 AND 100
KEY LARGO FL 33037-0587

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

59-1352146

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

REDDY, JOHN C
130 POINT PLEASANT DRIVE
P. O. BOX 587
KEY LARGO FL 33037

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

1-20-2000

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
NAME	REDDY, JOHN C	
STREET ADDRESS	130 POINT PLEASANT DR	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	V	<input type="checkbox"/> Delete
NAME	REDDY, PATRICK J	
STREET ADDRESS	3578 FOSTER RIDGE RD	
CITY-ST-ZIP	CARMEL IND	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDDY, ANN E	
STREET ADDRESS	3578 FOSTER RIDGE RD	
CITY-ST-ZIP	CARMEL IN	
TITLE	S	<input type="checkbox"/> Delete
NAME	REDDY, PAMELA J	
STREET ADDRESS	130 POINT PLEASANT DR	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	103 WAVEENEY CIRCLE
CITY-ST-ZIP	GOOSE CREEK, SC. 29445-
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	103 WAVEENEY CIRCLE
CITY-ST-ZIP	GOOSE CREEK, SC 29445-
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000 305-451-1923

Date

Daytime Phone #

CR2E034 (9/99)