## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## F02000004505 **DOCUMENT #**

1. Entity Name



**FILED** Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90114 043 \*\*\*150.00

REDLEE-SCS GEORGIA INC											
Principal Place of Business Mailing Address 10425 OLYMPIC DRIVE. SUITE A 10425 OLYMPIC DRIVE. SUIT DALLAS TX 75220 DALLAS TX 75220					ITE A			111111111111111111111111111111111111111	11 <b>11</b> 11 11 11 11 11		
Principal Place of Business     3. Mailing				ng Address							
Suite, Apt	. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ite		City & State					4. FEI Number 75-2817487			Applied For Not Applicable
Zip	Country		,		Count	stry 5.		5. Certificate of Status Des	ired 🗌	<b>\$8.75</b> A Fee Requi	
6. Name and Address of Current Registered Agent								7. Name and Address of I	lew Register	ed Agent	
						Name		,			
C T*CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD						Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324							-			<del></del>	`
					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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campai Trust Fund Contr			00 May Be ed to Fees
10.		OFFICERS AND I	DIRECTO	RS	11.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	AS IN 11
TITLE NAME	VCPV REDFEARN	, CHARLES L JR.		☐ Delete	, TITLE NAME	ſ				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	10425 OLY DALLAS TX	MPIC DRIVE, SUITE A 75220				T ADDRESS ST-ZIP					
TITLE NAME	D FADD BULL	C ID		☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS	FARR, BILL	MPIC DRIVE, SUITE A				T ADDRESS					
CITY-ST-ZIP	DALLAS TX				CITY-	ST-ZIP					
TITLE _	D -			Delete	TITLE		۰. ـ			☐ Change	Addition
NAME Street address	FARR, STE				NAME	T ADDRESS					
CITY-ST-ZIP	DALLAS TX	MPIC DRIVE, SUITE A 75220		·		ST-ZIP					
TITLE	D	ANIID AI		Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	HOLMAN, D	MPIC DRIVE, SUITE A			NAME STREE	T ADDRESS					
CITY-ST-ZIP	DALLAS TX				•	ST-ZIP					
TITLE	<u>,</u>		<del> </del>	☐ Delete	TITLE			<del></del>		☐ Change	☐ Addition
NAME , STREET ADDRESS			,	•	NAME	T ADDRESS					}
CITY-ST-ZIP						ST-ZIP					
TITLE	<del> </del>			☐ Delete	TITLE	<del></del>				Change	Addition
NAME					NAME	]					
STREET ADDRESS					STREE	T ADDRESS					

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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Redfearn, JR

3-52-03

Date

<u> 214-357-4653</u>

Daytime Phone #