

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90149 027 ***150.00

DOCUMENT # H58281

1. Entity Name
REDCREST COMPANY



Principal Place of Business
**902 KOLLIMA CT
CRESTVIEW FL 32539**

Mailing Address
**902 KOLINA CT
CRESTVIEW FL 32539**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

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

**THIGPEN, BETTY S
902 KOLLIMA CT
CRESTVIEW FL 32539**

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 fee 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 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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
DT	THIGPEN, BETTY MRS	902 KOLIMA CT	CRESTVIEW FL 32539	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	STOREY, RODNEY R.	1086 EVERLY LOOP	CAMDENTON MO 65020	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DS	KNAGGS, PHYLLIS	2804 JERRY PATE CT	SHALIMAR FL 32579	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DP	FISHER, HOWARD E.	53 LAKE SHORE DR	SHALIMAR FL 32579	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	COAKLEY CROSSON, KAREN C	432 MARION DR	NICEVILLE FL 32578	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	DECROOS, FRANCIS C.F.	921 HOSPITAL DRIVE	NICEVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-03

Date

Daytime Phone #

CR25034 (11/00)