2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K92290

FILED
Feb 20, 2000 8:00 am
Secretary of State
02-20-2000 90005 014 ***150.00

1. Entity Name

REDD TEAM MANUFACTURING, INC.

Principal Place of Business	Mailing Address
6587 SR 21 N PO BOX 658 KEYSTONE HEIGHTS FL 32656 US	6587 SR 21 N PO BOX 658 KEYSTONE HEIGHTS FL 32656-0658 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2977337 ☐ 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
FEEKEN, KENNETH J. 6587 SR 21 N KEYSTONE HEIGHTS FL 32656	Name: Feeken, Kenneth J Street Address (P.O. Box Number is Not Acceptable): 8315 Lilly LK Road City: Melrose FL Zip Code: 32666

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 X [signature] 2-1-00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FEEKEN, KENNETH J. 6900 CR 219, P.O. BOX 1429 KEYSTONE HGTS. FL 32656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Feeken, Kenneth J 8315 LILLY LAKE ROAD Melrose FL 32666	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FEEKEN, LORI J 6900 CR 214, P.O. BOX 1429 KEYSTONE HGTS. FL 32656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Feeken, Lori J 8315 Lilly Lake ROAD Melrose FL 32666	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: X [signature] 2-1-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)