

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90187 021 \*\*\*158.75

**DOCUMENT # L30246**

1. Entity Name  
**RED MAN CONSULTANTS, INC.**

Principal Place of Business  
**~~C/O ROBERT JOHN CLANTON~~**  
**308 E 7 AVE**  
**TAMPA FL 33602**  
**US**

Mailing Address  
**~~C/O ROBERT JOHN CLANTON~~**  
**308 E 7 AVE**  
**TAMPA FL 33602**  
**US**

2. Principal Place of Business  
**RED MAN CONSULTANTS INC**  
 Suite, Apt. #, etc.

3. Mailing Address  
**RED MAN CONSULTANTS, INC.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number <b>59-2979525</b>	Applied For <input type="checkbox"/>
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent  <b>CLANTON, ROBERT JOHN</b> <b>308 E 7 AVE</b> <b>TAMPA FL 33602</b>		7. Name and Address of New Registered Agent Name <b>MICHAEL F. KELLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>308 E 7th Ave</b> City <b>Tampa</b> FL Zip Code <b>33602</b>	
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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 *Michael F. Kelley* DATE **4/30/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT</b> <b>CLANTON, ROBERT JOHN</b> <b>308 E 7 AVE</b> <b>TAMPA FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD</b> <b>MICHAEL F. KELLEY</b> <b>308 E 7th AVE</b> <b>TAMPA FL 33602</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HAMBERG, JOYCE MARY</b> <b>3908 ARLINGTON AVE</b> <b>TAMPA FL 33603</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Michael F. Kelley* **4/30/02 (813) 229-8015**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)