

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M58589

FILED  
Apr 26, 2003  
Secretary of State

Entity Name: REDWOOD CORPORATION

## Current Principal Place of Business:

2237 N COMMERCE PARKWAY, SUITE #3  
WESTON, FL 33326

## New Principal Place of Business:

## Current Mailing Address:

2237 N COMMERCE PARKWAY, SUITE #3  
#212  
WESTON, FL 33326

## New Mailing Address:

2237 N COMMERCE PARKWAY,  
SUITE #3  
WESTON, FL 33326

FEI Number: 59-2842381

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSS, MANELLA H ESQ  
2237 N COMEMRCE PARKWAY, SUITE #3  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

ROSS, MANELLA H ESQ  
2237 N COMEMRCE PARKWAY,  
SUITE #3  
WESTON, FL 33326 US

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: ROSS H. MANELLA ESQ.

04/26/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: SMILEY, NORMAN,  
Address: 7190 MALLORCA CRES  
City-St-Zip: BOCA RATON, FL

Title: D ( ) Delete  
Name: SMILEY, NORMAN,  
Address: 7190 MALLORCA CRES  
City-St-Zip: BOCA RATON, FL

Title: VP ( ) Delete  
Name: SMILEY, RICKIE  
Address: 7190 MALLORCA CRESCENT  
City-St-Zip: BOCA RATON, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: SMILEY, NORMAN  
Address: 7190 MALLORCA CRES  
City-St-Zip: BOCA RATON, FL 33433

Title: D (X) Change ( ) Addition  
Name: SMILEY, NORMAN  
Address: 7190 MALLORCA CRES  
City-St-Zip: BOCA RATON, FL 33433

Title: VP (X) Change ( ) Addition  
Name: SMILEY, RICKIE  
Address: 7190 MALLORCA CRESCENT  
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN SMILEY

P

04/26/2003

Electronic Signature of Signing Officer or Director

Date