

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91163 022 ***150.00

DOCUMENT # **P00000013311**

1. Entity Name

RED'S TAXIDERMY INC

Principal Place of Business

Mailing Address

4233 Honeysuckle Lane
CALLAHAN, FL 32011

2015 Lem Turner Rd
CALLAHAN, FL 32011

770980

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3626199

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

FRAN'S TAX SERVICE INC
2015 Lem Turner Road
CALLAHAN, FL 32011

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.

SIGNATURE

Frances M. Caudle

FRANCES M. CAUDLE

4-27-01

Signature, typed or printed name of registered agent and date 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, 2001 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 ☐ Delete

NAME **GARY Meeks**
 STREET ADDRESS **4233 Honeysuckle Lane**
 CITY- ST- ZIP **CALLAHAN, FL 32011**

TITLE ☐ Delete

NAME **APRIL C. Meeks**
 STREET ADDRESS **4233 Honeysuckle Lane**
 CITY- ST- ZIP **CALLAHAN, FL 32011**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Delete

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TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY- ST- ZIP

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 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:

April C. Meeks

APRIL C. Meeks

4-27-01

904-879-1974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)