FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 2002

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90071 044 ***150.00

DOCUMENT # P01000016450

1. Entity Name

REDDAM II, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
10256 St. Patricks Ln.	10256 St. Patricks Ln.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Bonita Springs, FL	City & State: Bonita Springs, FL.	FEI Number: 65-1117452 ☐ Applied For ☐ Not Applicable
Zip: 34135 County: LEE	Zip: 34135 County: LEE	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOSEPH K. REDFERN IV

Street Address (P.O. Box Number is Not Acceptable)

10256 St. Patricks Ln.

City: Bonita Springs FL Zip Code: 34135

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 Joseph K. Redfern IV 4-26-02

Signature, type/or (typed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when changing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE D NAME JOSEPH K REDFERN IV STREET ADDRESS 10256 St. Patricks LN. CITY-ST-ZIP Bonita Springs, FL. 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Joseph K. Redfern IV 4-26-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #