

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91236 031 ***150.00

DOCUMENT # P01000075071

1. Entity Name

REDWOOD HOT TUBS & POOLS, INC. ✓

DO NOT WRITE IN THIS SPACE

666467

2. Principal Place of Business

4310 Sheridan Street

Suite, Apt. #, etc.

Suite 202

3. Mailing Address

4310 Sheridan Street

Suite, Apt. #, etc.

Suite 202

City & State

Hollywood, Florida

City & State

Hollywood, Florida

Zip

33021

Country

U.S.

Zip

33021

Country

U.S.

4. FEI Number

65-1126282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Burton, Andre S.

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

4310 Sheridan Street, Suite 202

City

Hollywood

FL

Zip Code

33021

**DO NOT WRITE
IN THIS SPACE**

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

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) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP	Hasting, Charles 6125 NW 17th Street Margate, FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hasting, Rexanne 6125 NW 17th Street Margate, FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #