

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000089983

1. Entity Name

REDFISH BUSINESS SERVICES, INC.

Principal Place of Business

1414 COUNTY HIGHWAY 283  
SUITE C  
SANTA ROSA BEACH FL 32459

Mailing Address

1414 COUNTY HIGHWAY 283  
SUITE C  
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

1414 Co. Hwy. 283 S.

Suite, Apt. #, etc.

SUITE C

City & State  
SANTA ROSA BEACH FL

Zip  
32459

Country  
USA

3. Mailing Address

1414 Co. Hwy. 283 S.

Suite, Apt. #, etc.

SUITE C

City & State  
SANTA ROSA BEACH FL

Zip  
32459

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3746994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LYDOLPH, PAUL III

2441 HIGHWAY 98 EAST

SANTA ROSA BEACH FL 32459

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE SECRETARY ☐ Delete  
NAME R. GUY DAVIDSON, III  
STREET ADDRESS 281 GARFIELD STREET  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE PRESIDENT ☐ Delete  
NAME QUINTIN CALE PARRISH  
STREET ADDRESS 180 ASH STREET  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE VICE PRESIDENT ☐ Delete  
NAME DAVID W. FREDERICK  
STREET ADDRESS 10 BEACHSIDE DRIVE #1212  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE TREASURER ☐ Delete  
NAME REBECCA M. PARRISH  
STREET ADDRESS 180 ASH STREET  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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 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:

REBECCA M. PARRISH

4/17/02

850-231-6363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)