

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91474 029 ***150.00

DOCUMENT # P01000098812

1. Entity Name
RED BEARD DEVELOPMENT INC



Principal Place of Business
10600 BLOOMFIELD DRIVE. APT. #1924
ORLANDO FL 32825

Mailing Address
10600 BLOOMFIELD DRIVE. APT. #1924
ORLANDO FL 32825



2. Principal Place of Business
4339 Northern Dancer Way
Suite, Apt. #, etc.

3. Mailing Address
4339 Northern Dancer Way
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number **59-3749517**

Applied For
Not Applicable

Zip **32826** **Country** **USA**

Zip **32826** **Country** **USA**

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

SHAW, CHRIS
10600 BLOOMFIELD DRIVE APT. #1924
ORLANDO FL 32825

Name **Chris Shaw**
Street Address (P.O. Box Number is Not Acceptable)
4339 Northern Dancer Way
City **Orlando** **FL** **Zip Code** **32826**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Chris Shaw, Director* **4-24-2003**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SHAW, CHRIS**
STREET ADDRESS **10600 BLOOMFIELD DRIVE, APT. 1924**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **D** ☒ Change ☐ Addition
NAME **Chris Shaw**
STREET ADDRESS **4339 Northern Dancer Way**
CITY-ST-ZIP **Orlando, FL 32826**

TITLE **D** ☐ Delete
NAME **QUEST, JASON**
STREET ADDRESS **209 WILD PINE POINT**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** ☒ Change ☐ Addition
NAME **Jason Quest**
STREET ADDRESS **9203 Murcott Ct.**
CITY-ST-ZIP **Orlando, FL 32817**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Chris Shaw, Director* **4-24-2003** **407-282-1983**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)