

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90085 031 \*\*\*150.00

**DOCUMENT # P02000012807**

1. Entity Name  
**RED HAND CONSTRUCTION, INC.**



Principal Place of Business  
**3591 S W COCO PALM DRIVE  
PALMCITY FL 34990**

Mailing Address  
**3591 S W COCO PALM DRIVE  
PALMCITY FL 34990**



2. Principal Place of Business

**2926 SW Palm Brook Ct**

3. Mailing Address

**2926 SW Palm Brook Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Palm City FL**

City & State  
**Palm City FL**

4. FEI Number  
**80-0041295**

Applied For  
☐ Not Applicable

Zip  
**34990**

Country  
**USA**

Zip  
**34990**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MALOOF, MARCEE U  
87 N E ALICE AVENUE  
JENSEN BEACH FL 34957**

7. Name and Address of New Registered Agent

Name **Marcee Maloof**  
Street Address (P.O. Box Number is Not Acceptable)

**2926 SW Palm Brook Ct**

City **Palm City**

FL

Zip Code **34990**

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

(NOTE: Registered Agent signature required when reinstating)

**3-21-03**  
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  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **ROWE, JAMES H JR.**  
STREET ADDRESS **3591 S W COCO PALM DRIVE**  
CITY-ST-ZIP **PALMCITY FL 34990**

TITLE **D** ☐ Delete  
NAME **O'NEIL, PETER J**  
STREET ADDRESS **232 ST. LUCIE PLACE BLVD., APT. 201**  
CITY-ST-ZIP **STUART FL 34996**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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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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: **SIGNATURE REQUIRED James Rowe**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-21-03**

Date

**(772)**

**781-8089**

Daytime Phone #

CR2E034 (10/02)