

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90098 004 \*\*\*150.00

DOCUMENT # P02000094656

1. Entity Name  
REDC, INC.



Principal Place of Business  
873 ORCHARD AVENUE  
RUNNEMEDE NJ 08078

Mailing Address  
873 ORCHARD AVENUE  
RUNNEMEDE NJ 08078

2. Principal Place of Business

21113 HARBOUR VISTA CIRCLE

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip  
32080

Country

ST. JOHNS

3. Mailing Address

P.O. BOX 3583

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32085

Country

ST. JOHNS



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

52-9375589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BALL, JOHN S  
ONE INDEPENDENT DRIVE  
SUITE 2600  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME STEEN, CYNTHIA D  
STREET ADDRESS 873 ORCHARD AVENUE  
CITY-ST-ZIP RUNNEMEDE NJ 08078

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME  
STREET ADDRESS 21113 HARBOUR VISTA CIRCLE  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-2003

904-471-RT12

CR2E034 (10/02)