

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 22, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90145 004 \*\*\*150.00

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**DOCUMENT # P02000120449**

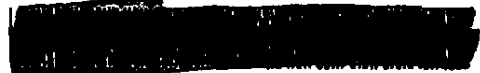
1. Entity Name  
**REDMOND TRANSPORT, INC.**



Principal Place of Business  
**52 SPRING GLEN DRIVE  
DEBARY FL 32713**

Mailing Address  
**52 SPRING GLEN DRIVE  
DEBARY FL 32713**

**55054815**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**02-6651614**

Applied For

Not Applicable

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

**BARRIE, REDMOND P  
52 SPRING GLEN DRIVE  
DEBARY FL 32713**

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**SP BARRIE, REDMOND P 52 SPRING GLEN DRIVE DEBARY FL 32713**  Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

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 the empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**BARRIE REDMOND 7/30/03**

**386-713-0110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

REDMOND TRANSPORT, INC.  
52 SPRING CLEN DRIVE  
DEBARY, FL. 32713

Attachment #  
5505485

July 30, 2003

UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL. 32312-1500

RE: UNIFORM BUSINESS REPORT (2003)

#P 02000120449

Gentlemen:

EARLIER THIS YEAR, I MOVED MY WORKING FACILITIES FROM ANOTHER LOCATION AND OUR MAIL WAS MISPLACED AND NOT RECEIVED.

SINCE, THIS IS OUR FIRST YEAR OF FILING AND MY ACCOUNTANT ALSO MOVED, WE WEREN'T AWARE OF THE APRIL 30<sup>TH</sup> DUE DATE.

UNDER THESE CIRCUMSTANCES, WE HAVE COMPLETED THE CURRENT YEARS (2003) UNIFORM ANNUAL REPORT AND ENCLOSED THE ANNUAL FEE OF \$150, AND WOULD APPRECIATE THE STATE WAIVING THE PENALTIES.

Respectfully,



BARRIE P. REDMOND  
PRESIDENT