

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0147131 AB

DOCUMENT # P27970

1. Entity Name
RED CAPITAL MARKETS, INC.



FILED
03 SEP 22 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ONE EAST FOURTH ST.
MAIL STOP 852D
CINCINNATI OH 45202

Mailing Address
ONE EAST FOURTH ST.
MAIL STOP 852D
CINCINNATI OH 45202



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 31-1078499

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 PMDT MURPHY, JAMES, E ☐ Delete
STREET ADDRESS 1 EAST FOURTH ST.
CITY-ST-ZIP CINCINNATI OH

TITLE NAME S MARK E NAGEE ☐ Change ☒ Addition
STREET ADDRESS 1 E. Fourth St.
CITY-ST-ZIP CINCINNATI, OH 45202

TITLE NAME CO LOASBY, DAVID ☒ Delete
STREET ADDRESS 1 EAST FOURTH ST
CITY-ST-ZIP CINCINNATI OH 45202

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400023369604
CITY-ST-ZIP 09/26/03--01093--014 **750.00

TITLE NAME ~~MR. V.~~ ☐ Delete
STREET ADDRESS GIBSON, MICHAEL K
CITY-ST-ZIP 1 EAST FOURTH ST
CINCINNATI OH 45202

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-03

513-763-8131

Date

Daytime Phone #

CR2E034 (4/03)