

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90374 040 \*\*\*150.00

**DOCUMENT # P33881**

1. Entity Name  
**RED ROCKET FIREWORKS COMPANY, INC.**

Principal Place of Business Mailing Address  
**P.O. BOX 72 P.O. BOX 72**  
**STRAFFORD MO 65757 STRAFFORD MO 65757**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>43-1082259</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	<b>FL</b>	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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYCOCK, DANIEL		NAME	RICK TOWE	
STREET ADDRESS	4118 EAST I-55 SERVICE RD.		STREET ADDRESS	PO BOX 72	
CITY-ST-ZIP	PONCHATOULA LA		CITY-ST-ZIP	STRAFFORD, MO 65757	
TITLE	V	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, PHILIP B.		NAME	BRUCE PYLES	
STREET ADDRESS	311 EVERGREEN ST.		STREET ADDRESS	PO BOX 72	
CITY-ST-ZIP	STRAFFORD MO		CITY-ST-ZIP	STRAFFORD, MO 65757	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	V. PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, DAVID		NAME	DEBRA SAMROW	
STREET ADDRESS	311 EVERGREEN ST.		STREET ADDRESS	PO BOX 72	
CITY-ST-ZIP	STRAFFORD MO		CITY-ST-ZIP	STRAFFORD, MO 65757	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V. PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWE, RICK		NAME	DARRELL TILLEY	
STREET ADDRESS	311 EVERGREEN		STREET ADDRESS	PO BOX 72	
CITY-ST-ZIP	STRAFFORD MO		CITY-ST-ZIP	STRAFFORD, MO 65757	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V. PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLEY, DARRELL		NAME	PHILIP NELSON	
STREET ADDRESS	I-57 & HWY. 77		STREET ADDRESS	PO BOX 72	
CITY-ST-ZIP	CHARLESTON MO		CITY-ST-ZIP	STRAFFORD, MO 65757	
TITLE	V	<input type="checkbox"/> Delete	TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PYLES, BRUCE		NAME	FLOYD CRAIG	
STREET ADDRESS	1166 PORTER RD.		STREET ADDRESS	PO BOX 72	
CITY-ST-ZIP	ROCK HILL S.		CITY-ST-ZIP	STRAFFORD, MO 65757	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4/26/01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)