

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003029

1. Entity Name

REDEMPTIVE RESOURCES CORPORATION

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90316 028 ***150.00

657202



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 2101 AUSTRALIAN AVE
 SUITE 9A
 W. PALM BEACH FL 33407
 US

Mailing Address
 2101 AUSTRALIAN AVE
 SUITE 9A
 W. PALM BEACH FL 33407-5630
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0457392**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

MINOR, DONALD K
 2101 AUSTRALIAN AVE
 SUITE 9A
 W. PALM BEACH FL 33407

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **BEAN, JAMES A**
 STREET ADDRESS **425 NE 14TH AVE.**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

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

TITLE **D** ☐ Delete
 NAME **RAY, HAROLD C**
 STREET ADDRESS **11771 LITTLESTONE CT**
 CITY-ST-ZIP **W. PALM BEACH FL**

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

TITLE ☐ Delete
 NAME **RAY, BRENDA**
 STREET ADDRESS **11771 LITTLESTONE CT.**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33412**

TITLE ☐ Change ☒ Addition
 NAME **RAY, BRENDA**
 STREET ADDRESS **11771 LITTLESTONE CT.**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33412**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/99)