

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000018884

1. Entity Name

REDNECK PALMS, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90086 007 ***150.00

Principal Place of Business

Mailing Address

16499 S.W. 174TH AVENUE
MIAMI FL 33187

16499 S.W. 174TH AVENUE
MIAMI FL 33187

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 **65-0572660**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARLSON, ROBERT E
8900 S.W. 107TH AVENUE
SUITE 302
MIAMI FL 33176

Name *Michael L. Fredrick*

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

15600 SW 288 Street, Suite 305

City *Homestead*

FL

Zip Code
33033

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

Michael L. Fredrick

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/20/2001

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, 2001 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 **DP** ☐ Delete
NAME **SIMMONS, ERNIE P IV**
STREET ADDRESS **16499 S.W. 174TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33187**

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

TITLE **DS** ☐ Delete
NAME **SIMMONS, TRACY J**
STREET ADDRESS **16499 S.W. 174TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33187**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Ernie P. Simmons IV

Ernie P. Simmons IV

2-26-01

305-252-8967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)