

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90149 006 ***550.00

DOCUMENT # P96000103291

1. Entity Name
RED BRIDGE, INC.



Principal Place of Business
215 N WOODLAND BLVD
DELAND FL 32724

Mailing Address
215 N WOODLAND BLVD
DELAND FL 32724

977645



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
435 N. SAN SOUCI AVE
 Suite, Apt. #, etc.

3. Mailing Address
435 N. SAN SOUCI AVE
 Suite, Apt. #, etc.

City & State
DELAND, FLORIDA
 Zip
32720
 Country

City & State
DELAND FLORIDA
 Zip
32720
 Country
USA

4. FEI Number **59-3423253**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SOETY, JOHNT J
435 N SAN SOUCI AVE
DELAND FL 32720

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P SOETY, JOHN J
435 N SAN SOUCI AVE
DELAND FL 32720
☐ Delete

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

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☐ Change ☐ Addition

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/02

Date

Daytime Phone #

CR2E034 (4/02)