

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90425 030 \*\*\*150.00

DOCUMENT # 2970000082503  
1. Entity Name REDICO ENTERPRISES, INC.

**DO NOT WRITE IN THIS SPACE**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>649 FIFTH AVE. SOUTH</u>		3. Mailing Address <u>649 FIFTH AVE. SOUTH</u>	
Suite, Apt. #, etc. <u>216</u>		Suite, Apt. #, etc. <u>216</u>	
City & State <u>NAPLES</u>		City & State <u>NAPLES</u>	
Zip <u>34102</u>	Country <u>USA</u>	Zip <u>34102</u>	Country <u>USA</u>

4. FEI Number <u>59-3473284</u>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>James P. Redic</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1535 NORTHGATE DRIVE</u>	
City <u>NAPLES</u>	FL Zip Code <u>34105</u>

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. <input type="checkbox"/> (See criteria on back)	<p><b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b></p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	<u>President</u>	TITLE	<u>James P. Redic</u>	<u>1535 NORTHGATE DRIVE</u>	<u>NAPLES FL 34105</u>
NAME	<u>James P. Redic</u>	NAME	<u>Carol A. Redic</u>	<u>1535 NORTHGATE DRIVE</u>	<u>NAPLES, FL 34105</u>
STREET ADDRESS	<u>1535 NORTHGATE DRIVE</u>	STREET ADDRESS	<u>1535 NORTHGATE DRIVE</u>		
CITY - ST - ZIP	<u>NAPLES FL 34105</u>	CITY - ST - ZIP	<u>NAPLES, FL 34105</u>	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE		TITLE			
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STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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 on an attachment with an address, with all other, life empowered.

SIGNATURE: [Signature] President Date 6/12/02 Daytime Phone # 239-649-7900

CR2E034B (12/01)