

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000032404**

1. Entity Name

**HOSFORD/REDMAN ENTERPRISE, INC.****FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90034 018 \*\*\*150.00

0085238

Principal Place of Business

**770 MIRACLE MILE  
VERO BEACH FL 32960**

Mailing Address

**770 MIRACLE MILE  
VERO BEACH FL 32960**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0830239**

Applied For

Not Applicable

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

**REDMAN, KATHLEEN  
155 20TH AVENUE  
VERO BEACH FL 32962**

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

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 \$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	<b>PVST</b>	<input type="checkbox"/> Delete
NAME	<b>REDMAN, KATHLEEN K</b>	
STREET ADDRESS	<b>155 20TH AVENUE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32962</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

2/16/01

561-569-3117

CR2E034 (10/00)

Bureau of Labor Statistics Report on  
Employment, Payroll, and Hours -- Trade

Handwritten: 44444444  
D0018667

U.S. Department of Labor



Handwritten: # P98001032464

S

This report is authorized by law 29 U.S.C.2. cooperation is needed to make the results of this survey comprehensive, accurate, and timely. The Bureau of Labor Statistics and the State Agency collecting this information will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law.

Form Approved  
O.M.B. No. 1220-0011

<b>Report Number</b> 120082178	<b>Industry</b> 5944	We estimate that it will take an average of 7 minutes to complete this form each month including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding these estimates or any other aspect of this survey, send them to the Bureau of Labor Statistics, Division of Monthly Industry Employment Statistics (1220-0011), 2 Massachusetts Avenue, NE, Washington, DC 20212. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.
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Mr. Hosford Redman  
Hosford Redman Enterprises Inc  
For Location: Indian River, FL  
770 Miracle Mile  
Vero Beach, FL 32960-0944

Please retain for your records

Our information number: 1-800-347-3764

Our FAX number: 1-800-239-1085

Your BLS Data Specialist: Danielle Witherspoon

<b>A. Contact person, in case of questions:</b> Your Name: Hosford Redman	<b>Title</b> Owner	<b>Phone Number</b> 561-569-3117	<b>FAX Number</b> 561-569-3118
		<b>E-mail Address</b>	

**B. Please provide the number and location of establishments covered by this report.**  
Number of establishments: City VERO BEACH County INDIAN RIVER State FL

**C. Please check one:**  
Nonsupervisory employees are paid ☐ each week ☐ every 2 weeks ☐ twice a month ☐ once a month  
☐ other, specify:

**D. Please check one:**  
Nonsupervisory employees are paid commissions ☐ each week ☐ every 2 weeks ☐ twice a month ☐ once a month  
☐ other, specify:

**E. Please complete columns 1-4 and 6 for the single pay period checked in C above which includes the 12th of the month. Complete column 5 for the commission period checked in D above which includes the 12th of the month. Detailed directions are on the back.**

Reference Period	(1) All Employees: Report the number of paid employees who worked during or received pay for any part of the pay period that includes the 12th of the month	(2) Women Employees Report the number of employees from column 1 who are women	(3) Non-supervisory Employees: Report the number of employees from column 1 who are nonsupervisory workers	(4) Nonsupervisory Employee Payroll: Report the total nonsupervisory worker payroll, including overtime and excluding lump sum payments for the pay period that includes the 12th of the month OMIT CENTS	(5) Commissions of Nonsupervisory Employees Report the total commissions earned for the period that includes the 12th of the month OMIT CENTS	DO NOT USE BLS USE ONLY	(6) Nonsupervisory Employee Hours Report the total nonsupervisory worker hours paid, including overtime, for the pay period that includes the 12th of the month OMIT FRACTIONS	(7) C o m m o d i t y	BLS Use Only LP
12=DEC 2000	1	1	0	\$ 0			0		
01=JAN 2001				\$					
02=FEB				\$					
03=MAR				\$					
04=APR				\$					
05=MAY				\$					
06=JUN				\$					
07=JUL				\$					
08=AUG				\$					
09=SEP				\$					
10=OCT				\$					
11=NOV				\$					
12=DEC				\$					

**F. Please report comments on significant changes in your employment, payroll, or hours on the back. Also list the corresponding comment code in column 7.**  
BLS-790 E Rev Jul 96