

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020490

1. Entity Name

RED SQUIRREL CORPORATION

Principal Place of Business

7423 WESTMORELAND DR.
SARASOTA FL 34243

Mailing Address

7423 WESTMORELAND DR.
SARASOTA FL 34243-1430

2. Principal Place of Business

4419 JUDSON AVE

3. Mailing Address

2389 RINGLING BLVD,

Suite, Apt. #, etc.

APT 8A

Suite, Apt. #, etc.

SUITE D

City & State

ROYAL OAK, MI

City & State

SARASOTA, FL

Zip

48073

Country

USA

Zip

34230

Country

USA

6. Name and Address of Current Registered Agent

CHARLTON, RANDAL
7423 WESTMORELAND DR.
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name RANDAL CHARLTON / c/o BOB FERRIS

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

2389 RINGLING BLVD

SUITE D RINGLING BLVD, SARASOTA

City

SARASOTA

FL

Zip Code

34230

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

Randal Charlton - RANDAL CHARLTON APRIL 13, 2000

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	DUNCAN SMYTH, 96 4419 JUDSON AVE 8A
CITY-ST-ZIP	ROYAL OAK, MI 48073
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR / PRESIDENT / SEC
STREET ADDRESS	RANDAL CHARLTON
CITY-ST-ZIP	4419 JUDSON AVE, 8A
CITY-ST-ZIP	ROYAL OAK, MI 48073
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR / CHAIRMAN
STREET ADDRESS	VICTORIA CHARLTON
CITY-ST-ZIP	17, CREEK ROAD, HAMPTON COURT OF
CITY-ST-ZIP	SURREY, ENGLAND KT89 8E
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Randal Charlton

DIRECTOR

April 13 2000

248-435
-0946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

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