

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067424

1. Entity Name

RED NUMBERS, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90267 005 ***550.00

Principal Place of Business

9338 CARLTON RD.
PORT ST. LUCIE FL 43988

Mailing Address

9338 CARLTON RD.
PORT ST. LUCIE FL 43988

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

58-3606194

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

WOLFMAN, DAVID
200 W. MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952

Name Bob CARSON

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

9338 CARLTON RD

City PT. ST. LUCIE

FL

Zip Code 34987

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

Bob Carson Bob CARSON

7/10/2000

(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, 2000 Min. 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	<input type="checkbox"/> Delete
D	CARSON, ROBERT	9338 CARLTON RD.	MERRITT ISLAND FL 32953	<input type="checkbox"/>
			PT. ST. LUCIE FL	<input type="checkbox"/>
			34987	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	CARSON, Robert	9338 CARLTON RD	PT. ST. LUCIE FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			34987	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Bob Carson Bob CARSON

7/10/2000

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE

Daytime Phone #

CR2E034 (3/00)