

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91156 014 \*\*\*150.00

**DOCUMENT #** P99000095544

**1. Entity Name**

RedVector.com, Inc.

*Handwritten:*  
 N/A  
 FLD  
 3/2/00  
 (Signature)

**Principal Place of Business**  
 Two Urban Centre  
 4890 W. Kennedy Blvd.  
 Suite 530  
 Tampa, FL 33609

**Mailing Address**  
 Two Urban Centre  
 4890 W. Kennedy Blvd.  
 Suite 530  
 Tampa, FL 33609

**C0058681**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> 59-3614468		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
McNamara, Thomas P. 2909 Bay to Bay Blvd., Suite 309 Tampa, FL 33629				Name Valdes-Fauli Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 777 South Flagler Drive Suite 500 East City West Palm Beach FL Zip Code 33401			

**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.**

**VALDES-FAULI CORPORATE SERVICES, INC.**

**SIGNATURE BY:** *David G. Bates*

Signature, typed or printed name of registered agent acceptable if applicable

**David G. Bates, Vice President**

(NOTE: Registered Agent signature required when reinstating)

**DATE**

<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		DPS Chitester, David 4890 W. Kennedy Blvd., Suite 530 Tampa, FL 33609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		DT Taylor, J. Curtis 5428 56th Commerce Park Blvd. Tampa, FL 33610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D Lang, Robert 5428 56th Commerce Park Blvd. Tampa, FL 33610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D Chitester, Kathleen 1111 N. Westshore Blvd., Suite 308 Tampa, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.**

**SIGNATURE:**

*David G. Bates*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)