

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000095544

1. Entity Name
REDVECTOR.COM, INC.



FILED
08 OCT 30 PM 3:13
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

TWO URBAN CENTER
4890 W KENNEDY BLV SUITE 740
TAMPA, FL 33609 US

Mailing Address

TWO URBAN CENTER
4890 W KENNEDY BLV SUITE 740
TAMPA, FL 33609 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09262008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3614468

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PRICE, JOSEPH V
4890 W. KENNEDY BLVD.
SUITE 740
TAMPA, FL 33609

Name R. Kevin Adamek

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

4890 W. Kennedy Blvd - 740

City

Tampa

FL

Zip Code

33609

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CHITESTER, DAVID D CHMN	
STREET ADDRESS	4104 CAUSEWAY VISTA DR.	
CITY-ST-ZIP	TAMPA, FL 33615	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WALLACE, THOMAS E CEO	
STREET ADDRESS	4890 W. KENNEDY BLVD., SUITE 740	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANG, ROBERT A	
STREET ADDRESS	6418 BADGER DRIVE	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	SO	<input checked="" type="checkbox"/> Delete
NAME	PRICE, JOSEPH V CFO	
STREET ADDRESS	4890 W. KENNEDY BLVD., SUITE 740	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUX, STEVEN F	
STREET ADDRESS	707 W. AZEELE ST	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adamek, R. Kevin	
STREET ADDRESS	← same	
CITY-ST-ZIP		
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/08