## 2002 Uniform Business Report (UBR)

of the corporation or the changed, or on an attack

SIGNATURE:

## Mar 27, 2002 8:00 am Secretary of State DOCUMENT # S18867 1. Entity Name 03-27-2002 90039 045 \*\*\*150.00 RED INK, INC. Principal Place of Business Mailing Address 535 CENTRAL AVE. 535 CENTRAL AVE. **HUU5**Z856 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3041910 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **RAHDERT & ANDERSON** Street Address (P.O. Box Number is Not Acceptable) % GEORGE K. RAHDERT 535 CENTRAL AVE. ST. PETERSBURG FL 33701 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete RAHDERT, GEORGE K. NAME NAME STREET ADDRESS STREET ADDRESS 535 CENTRAL AVE. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Change □ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with this filir indicated on this report or supplemental report true an

WINDERGE K. RAHDERT 3-14-02 727-823-4191

**FILED**