

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/21
FILED
Aug 13, 2003 8:00 am
Secretary of State

07-21-2003 90128 048 ***158.75

DOCUMENT # S43700

1. Entity Name
REDUX, INC.



Principal Place of Business
3229 BUCKINGHAM LANE
COCOA FL 32926
US

Mailing Address
3229 BUCKINGHAM LANE
COCOA FL 32926
US

00009070



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3066424**

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

CUNNINGHAM, BRUCE E
302 FOREST HILL DRIVE
COCOA FL 32926

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete
NAME **CUNNINGHAM, BRUCE E**
STREET ADDRESS **302 FOREST HILL DRIVE**
CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **CUNNINGHAM, BRUCE E**
STREET ADDRESS **302 FOREST HILL DRIVE**
CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 JUL 03 (321) 632-6085

Date

Daytime Phone #

CR2E034 (4/03)

Attachment 55054078
#343700

FROM: REDUX, INC.
3229 Buckingham Lane
Cocoa, FL 32926

DATE: 17 Jul 03

TO: DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

SUBJECT: REQUEST FOR WAIVER OF LATE FEES

1. I am submitting the enclosed UBR Form with a check for the filing fee in the amount of \$150.00 and an additional \$8.75 to cover the cost of a Certificate of Status.
2. I did not receive a UBR Form this year. When I learned that the filing period had expired, I requested a copy of the form by telephone as directed on your web site. I received the enclosed form later. I do not know if it was a result of my request or a standard late notification.
3. I request that the late fee penalty be waived.



Bruce E. Cunningham
President
REDUX, Inc.

THIS LETTER IS A COPY OF OUR ORIGINAL REQUEST.
THE ATTACHED DOCUMENTS ARE YOUR RESPONSE.
REQUEST YOUR CLARIFICATION.

