

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90018 040 \*\*\*550.00

DOCUMENT # P23697

1. Entity Name

REDSTONE SECURITIES, INC.

*Institutional Equity Corporation* ✓

Principal Place of Business

Mailing Address

101 FAIRCHILD AVE  
 PLAINVIEW NY 11803  
 US

101 FAIRCHILD AVE  
 PLAINVIEW NY 11803  
 US

2. Principal Place of Business

5910 CENTRAL EXPY NY

3. Mailing Address

5910 CENTRAL EXPY NY

Suite, Apt. #, etc.

1480

Suite, Apt. #, etc.

1480

City & State

DALLAS TX

City & State

DALLAS TX

4. FEI Number

13-3389664

Applied For

Not Applicable

Zip

75206

Country

USA

Zip

75206

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

A0078579



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRINKLEY, W. MICHAEL  
 2881 E. OAKLAND PARK BOULEVARD  
 SECOND FLOOR  
 FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name JEFFREY W. MICHEL  
 Street Address (P.O. Box Number is Not Acceptable)

11 SPLITRAIL CIR.

City TEQUESTA FL Zip Code 33469

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

*[Handwritten Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

9/12/00  
 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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PURCELL, GARY	
STREET ADDRESS	3648 LORRIE DR	
CITY-ST-ZIP	OCEANSIDE NY	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LAUNDRIE, THOMAS	
STREET ADDRESS	22 RAYMOND COURT	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE	TDS	<input checked="" type="checkbox"/> Delete
NAME	BELZ, RICHARD	
STREET ADDRESS	23 NEEL CT	
CITY-ST-ZIP	SAYVILLE NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CMN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT A. SHUEY III	
STREET ADDRESS	6019 ST. ANDREWS	
CITY-ST-ZIP	DALLAS, TX 75205	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFREY W. MICHEL	
STREET ADDRESS	11 SPLITRAIL CIR.	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM MOSLEY	
STREET ADDRESS	4813 JUNIUS, DR.	
CITY-ST-ZIP	DALLAS, TX 75246	
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		

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: *[Handwritten Signature]*

**SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

9/12/00  
 DATE

214.237.3223  
 Daytime Phone #

CR2E034 (5/00)