## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## May 05, 2001 8:00 am Secretary of State **DOCUMENT # G70254** 1. Entity Name RICKY'S OIL SERVICE, INC. 05-05-2001 90818 025 \*\*\*150.00 Principal Place of Business Mailing Address 7209 N.W. 66TH ST 6330 W 16TH AVE MIAMI FL 33166 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2345576 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHRISTOPHER RICCI, DELLA M Street Address (P.O. Box Number is Not Acceptable) 6330 WEST 16 AVENUE HIALEAH FL 33012 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Addition NAME RICCI, DELLA NAME STREET ADDRESS 6330 WEST 16TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HIALEAH, FL 00000 33012 PRESIDENT **VP** TITLE ☐ Delete TITLE Change. ☐ Addition RICCI, CHRISTOPHER NAME NAME STREET ADDRESS **2017 NW 182ND AVENUE** STREET ADDRESS CITY-ST-71P CITY-ST-ZIP PEMBROKE PINES FL 33029 TITLE Delete TITLE Change Addition RICCI, STEVE NAME STREET ADDRESS **4610 SW 133RD AVENUE** STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP FT LAUDERDALE FL 33330 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Сһалде Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS 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.