## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am Secretary of State P01000093991 DOCUMENT # 1. Entity Name RINGSIDE FLORIDA, INC. 05-27-2002 90333 040 \*\*\*150.00 Mailing Address Principal Place of Business 431 E. DONEGAN AVE. 431 E. DONEGAN AVE. KISSIMMEE FL 34744 KISSIMMEE FL 34744 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. FEI Number APPLIED Applied For City & State City & State WR Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CRUZ PETER Street Address (P.O. Box Number is Not Acceptable) 815 BLANC COURT KISSIMMEE FL 34759 Zip Code City r submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named DISPEGARD (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 s eligible to satisfy its Intangible 9.5 This corporati \$5.00 May Be 10. Election Campaign Financing 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 12. 11. ☐ Addition CR2E034 (9/01 Change TITLE Delete TITLE CRUZ, PETER NAME NAME 815 BLANC COURT STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34759 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY:ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 that 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the received with all other like empowered.

SIGNATURE:

13. I hereby certify that the information