**FILED** 

May 02, 2003 8:00 am Secretary of State

05-02-2003 90725 041 \*\*\*150.00

## À

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P02000091397

1. Entity Name

SIGNATURE:

RIGSBY ENTERPRISES, INC.

Principal Place of Business 9250 CARMA DR BOYNTON BCH FL 33437			Mailing Address 9250 CARMA DR BOYNTON BCH FL 33437							
2. Principal Place of Business			3. Mailing Address				T UBBITORY THE CONTRACTORY OF BRIDE BOTT AND STATEMENT OF	116 14161 11864 11118		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4.	FELNumber 08-3805225	<del></del>	oplied For ot Applicable	
Zip	Country	Zip	~	Count	ry	5, (	Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Curre	ent Register	ed Agent			7. 1	Name and Address of New Registere	d Agent		
JOHN PO	RTER ACCOUNTING, INC.		Name				,			
400 S FEDERAL HWY STE 405						Street Address (P.O. Box Number is Not Acceptable)				
						JOH	OHN PORTER ACCOUNTING			
BOYNTON BCH FL 33435						1403 W. Boynton Beach Blvd., #9				
<u></u>					City		Boynton Beach, FL 334	Zip Code	1	
		it for the purp	oose of changing its	registere	d office or reg	gistered ag	ent, or both, in the State of Florida. 1 a	m familiar with,	and accept	
SIGNATURE	ions of registered agent.	5					02.	Pirlos		
** *	Signature, typed or printed name of registered as	gent and title if app	plicable. (NOTE	E: Registered	Agent signature re	equired when re	einstating) DATI	Ē		
"Afte	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0						9. Election Campaign Financing Trust Fund Contribution.		May Be	
Make Check	c Payable to Florida Departmen	t of State					Trust Paria Contribuçõis.	LJ Added	) to rees	
10.	OFFICERS A	ND DIRECTO	DRS	11.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE	D girker		☐ Delete	TITLE				☐ Change	Addition	
NAME	RIGSBY, JIMMY JR			NAME	j				_	
STREET ADORESS	9250 CARMA DR			STREE	T ADDRESS				l	
CITY-ST-ZIP	BOYNTON BCH FL 33437			CITY-	ST-ZIP				1	
TITLE	<u> </u>		☐ Delete	TITLE				☐ Change	Addition	
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TITLE			☐ Delete	TITLE			•	☐ Change	☐ Addition	
NAME				NAME	<b>I</b>					
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP				CITY-S	51-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.

ED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR