

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90022 012 \*\*\*150.00

**DOCUMENT # S57239**

1. Entity Name

**RITER & COMPANY, INC.**

Principal Place of Business

Mailing Address

5018 W. LONG FELLOW  
 TAMPA FL 33629  
 US

5018 W. LONG FELLOW  
 TAMPA FL 33629-7532  
 US

LU018739



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*3608 Waverly Pl*

3. Mailing Address

*3225 S. MacDILL Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*# 129-310*

City & State

*Tampa FL*

City & State

*TAMPA FL*

4. FEI Number

**59-3068923**

Applied For

Not Applicable

Zip

*FL 33629*

Country

*USA*

Zip

*33629*

Country

*USA*

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

**MCNAMARA, THOMAS P.**  
**2909 BAY TO BAY BLVD.**  
**#309**  
**TAMPA FL 33602**

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.

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 Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	RITER, KAREN E.	5018 WLANG FELLOW AVE	TAMPA FL 33629	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/>
		<i>3608 waverly place</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, as applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/2/00*

Date

*813 831 885*

Daytime Phone #