

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90285 034 ***550.00

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DOCUMENT # P97000108421

1. Entity Name
RICK & BRENDA RICKETTS CORP.



Principal Place of Business
**18485 U.S. 19 NORTH
CLEARWATER FL**

Mailing Address
**4710 RIDGE VIEW RD
PALM HARBOR FL 34684
US**

2. Principal Place of Business
4710 Ridge View Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State
PAIM HARBOR

City & State

Zip
34684

Country
USA

Zip

Country

4. FEI Number **59-3485708**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KADYK, D J
100 N. TAMPA STREET
SUITE 2120
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name
DOLAN Ricketts

Street Address (P.O. Box Number is Not Acceptable)
4710 Ridge View Rd

City
PAIM HARBOR

FL

Zip Code
34684

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DOLAN Ricketts** *Dolan Ricketts*

(NOTE: Registered Agent signature required when reinstating)

DATE **8-10-03**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RICKETTS, DOLAN W 18485 U.S. 19 NORTH CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDVT RICKETTS, BRENDA L 18485 U.S. 19 NORTH CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: **SIGNATURE REQUIRED** *Brenda Ricketts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8-10-03** Daytime Phone #

CR2E034 (4/03)