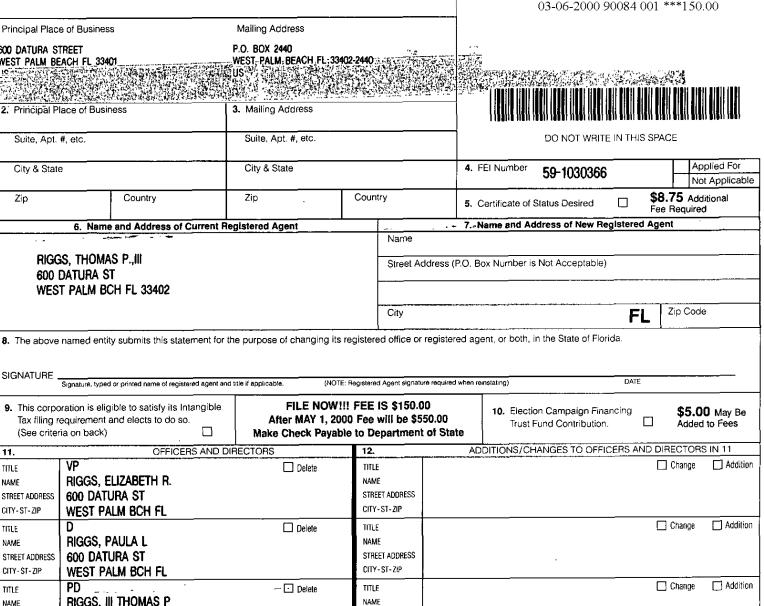
2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 277118** 1. Entity Name RIGGS INCORPORATED Principal Place of Business Mailing Address 600 DATURA STREET P.O. BOX 2440 WEST, PALM, BEACH, FL; 33402-2440 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Country Zip 6. Name and Address of Current Registered Agent

FILED Mar 06, 2000 8:00 am **Secretary of State**

03-06-2000 90084 001 ***150.00



CITY-ST-ZIP WEST PALM BCH FL CITY-ST-ZIP — Delete TITLE RIGGS, III THOMAS P NAME STREET ADDRESS 600 DATURA ST STREET ADDRESS WEST PALM BCH FL CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE RIGGS, MARGARET H NAME STREET ADDRESS 600 DATURA ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BCH FL ☐ Change Addition ☐ 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-7IP CITY-ST-ZIP

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

□ Delete

☐ Delete

12.

TITLE

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.

RIGGS, THOMAS P., III

WEST PALM BCH FL 33402

9. This corporation is eligible to satisfy its Intangible

RIGGS, ELIZABETH R.

WEST PALM BCH FL

600 DATURA ST

RIGGS, PAULA L

600 DATURA ST

Tax filing requirement and elects to do so.

(See criteria on back)

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

600 DATURA ST

SIGNATURE

11.

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

MARGARET H. RIGHS 1/24/00 561-833-248