

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 277118

1. Entity Name
RIGGS INCORPORATED



Principal Place of Business
600 DATURA STREET
WEST PALM BEACH FL 33401
US

Mailing Address
P.O. BOX 2440
WEST PALM BEACH FL 33402
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1030366

Applied For
Not Applicable

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

RIGGS, THOMAS P., III
600 DATURA ST
WEST PALM BCH FL 33402

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 VP
NAME RIGGS, ELIZABETH R.
STREET ADDRESS 600 DATURA ST
CITY-ST-ZIP WEST PALM BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME RIGGS, PAULA L
STREET ADDRESS 600 DATURA ST
CITY-ST-ZIP WEST PALM BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME RIGGS, III THOMAS P
STREET ADDRESS 600 DATURA ST
CITY-ST-ZIP WEST PALM BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME RIGGS, MARGARET H
STREET ADDRESS 600 DATURA ST
CITY-ST-ZIP WEST PALM BCH FL

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STREET ADDRESS
CITY-ST-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.

SIGNATURE: MARGARET H. RIGGS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret H. Riggs 561-833-2481
4/3/03 Date Daytime Phone #

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90163 035 ***150.00



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)