2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2002 8:00 am Secretary of State **DOCUMENT #** 601181 1. Entity Name EDWARD G. RITTER DMD PA 05-12-2002 90602 011 ***150.00 Principal Place of Business Mailing Address 185 N LAKEMONT AVE 185 N LAKEMONT AVE WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business
1184 N. PENNSYLVANIA 3. Mailing Address 1184 N PENNSYLVANIA AV Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For WINTER FL INTER PARK 59-1264132 Not Applicable 32789 Country \$8.75 Additional 5. Certificate of Status Desired USA . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RITTER.EDWARD G Street Address (P.O. Box Number is Not Acceptable) 185 NO LAKEMONT AVENUE **WINTER PARK FL 32792** CityWINNER PARK 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. DWALD 6. RITEL
(NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE **⊠** Change ☐ Addition RITTER, EDWARD G NAME STREET ADDRESS 185 N. LAKEMONT AVE. 1184 N PENNSYLVANIA AV STREET ADDRESS CITY-ST-ZIP WINTER PARK FL CITY-ST-ZIP WINTER PARK FL 32789 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 the corporation of the corporation or the receiver or trustee empowered.

STREET ADDRESS

CITY-ST-Z!P

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR