

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90119 013 ***750.00

873788



DO NOT WRITE IN THIS SPACE

DOCUMENT # F01000004492

1. Entity Name
RITE INDUSTRIES, INC.

Principal Place of Business

1124 ELON PLACE
HIGH POINT NC 27260

Mailing Address

1124 ELON PLACE
HIGH POINT NC 27260

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **23-3023570**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PCEO** ☐ Delete
NAME **PRINTZ, HOWARD L**
STREET ADDRESS **1124 ELON PLACE**
CITY-ST-ZIP **HIGH POINT NC 27260**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VDAS** ☐ Delete
NAME **ARNOLD, CHRISTOPHER A**
STREET ADDRESS **1629 LOCUST STREET, 3RD FLOOR**
CITY-ST-ZIP **PHILADELPHIA-PA-19103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VDAS** ☐ Delete
NAME **BENNETT, RANDLE**
STREET ADDRESS **1124 ELON PLACE**
CITY-ST-ZIP **HIGH POINT NC 27260**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE: *Randle Bennett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/02
Date

336-886-5173
Daytime Phone #

CR2E034 (4/02)