2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 05, 2003 8:00 am Secretary of State

1. Entity Nam	MENT # F6057 GINS, INC.	06-05-2003 90	0129 048 **	*150.00				
Principal Place of Business Mailing Address 6599 140TH LANE N N. PALM BEACH FL 33408 N. PALM BEACH FL 33408					T 			
Principal Place of Business 3. Mailing Address					☐ CHECK HERE IF MAKING CHANGES			
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State		4. FEI Number 59-2160428		Applied For Not Applicable]	
Zip	Country	Zip	Count	try	5. Certificate of Status Desired	Fee Requir		
<u> </u>	6. Name and Address of Current	legistered Agent		Name	7. Name and Address of New Registe	ered Agent		1
RIGGINS	DANIFI (F		-	Name				1
RIGGINS, DANIELLE 6599 140TH LANE N WEST PALM BEACH FL 33418			ļ	Street Address	eet Address (P.O. Box Number is Not Acceptable)]
WESTPA	LM DEAUTIFL 33418]					
	,			City		FL Zip Co	de	
	named entity submits this statement fo ions of registered agent.	the purpose of changing its	s registere	ed office or registe	red agent, or both, in the State of Florida.	i am Iamiliar with	and accept]
SIGNATURE .		· · · · · · · · · · · · · · · · · · ·						
	Signature, typed or printed name of registered agent is	nd title if applicable. (NOT	TE: Registered	Agent signature required	d when reinstating)	MTE		ļ
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					 Election Campaign Financing Trust Fund Contribution. 		00 May Be ed to Fees	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	}
TITLE	D	☐ Delete	TITLE			☐ Change	Addition	8
NAME	RIGGINS, EDWARD D III		NAME	: 1				를
STREET-ADSPESS CITY-ST-ZIP	6599 140TH LANE N WEST PALM BEACH FL 33418							
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17104		···· (Delete	спу-	ST-ZIP		· ·	Addition .	72E034
NAME	PST RIGGINS, EDWARD D III	Delete		ST-ZIP		Change	☐ Addition	CR2E034 (10/02)
STREET ADORESS	PST RIGGINS, EDWARD D III 6599 140TH LANE N	3 m	CITY- TITLE NAME STREE	ST-ZIP	·	· ·	☐ Addition	CR2E034
	PST RIGGINS, EDWARD D III	3 M	CITY-	ST-ZIP TADDRESS S1-ZIP		· ·		CR2E034
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2. I hereby certify that the information supplied with this filing does not quality 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

IR AND TYPED ON THE OF SIGNING OFFICER OR DIRECTOR

<u>4-30-03</u>

_561-602550