

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 07, 2001 08:00 AM**
Secretary of State**DOCUMENT # G53834**1. Entity Name
RICELAKE, INC.

Principal Place of Business

25132 SW FIRST AVENUE

NEWBERRY
32669

US

FL

Mailing Address

POST OFFICE BOX 1133

NEWBERRY
32669

US

FL

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

59-2316382

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARLOWE JR. HERBERT A.
448 NORTHWEST FIRST AVENUENEWBERRY
32669

US

FL

7. Name and Address of New Registered Agent

Name

MARLOWE JR. HERBERT A.

Street Address (P.O. Box Number is Not Acceptable)
25132 SW 1ST AVECity
NEWBERRY

FL

Zip Code
32669

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04/07/2001

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 \$150.00****After MAY 1, 2001 Fee will be \$550.00****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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MARLOWE HERBERT JR	
STREET ADDRESS	25132 SW 1ST AVE	
CITY-ST-ZIP	NEWBERRY FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	AUSMAN, MICHAEL J.	
STREET ADDRESS	920 W CENTRAL AVE.	
CITY-ST-ZIP	NEWBERRY, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARLOWE JEANIE	
STREET ADDRESS	25132 SW 1ST AVE	
CITY-ST-ZIP	NEWBERRY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLOWE HERBERT JR	
STREET ADDRESS	25132 SW 1ST AVE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSMAN, MICHAEL J.	
STREET ADDRESS	26038 W NEWBERRY ROAD	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLOWE JEANIE	
STREET ADDRESS	25132 SW 1ST AVE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Herbert A. Marlowe, Jr.

D

04/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)