

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H66181

1. Entity Name

THE M. I. RALPH CORPORATION

Principal Place of Business

Mailing Address

326 WINDRUSH BLVD
SUITE 12
INDIAN ROCK BCH FL 34635
US

326 WINDRUSH BLVD
SUITE 12
INDIAN ROCK BCH FL 33785-2655
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RALPH, MARY ISOBEL
326 WINDRUSH BLVD, UNIT 12
INDIAN ROCKS BCH FL 34635

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.

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 \$150.00
After MAY 1, 2000 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	PD	<input type="checkbox"/> Delete
NAME	RALPH, MARY ISOBEL	
STREET ADDRESS	326 WINDRUSH, BLVD #12	
CITY-ST-ZIP	INDIAN ROCKS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RALPH, BRUCE M	
STREET ADDRESS	236 WINDRUSH BLVD #12	
CITY-ST-ZIP	INDIAN ROCKS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RALPH, ROBERT BRUCE	
STREET ADDRESS	326 WINDRUSH BLVD #12	
CITY-ST-ZIP	INDIAN ROCKS FL	
TITLE	DD	<input type="checkbox"/> Delete
NAME	RALPH, JAMES PHILLIP	
STREET ADDRESS	326 WINDRUSH BLVD #12	
CITY-ST-ZIP	INDIAN ROCKS FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90036 009 ***150.00

905592



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required