

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2001 08:00 AM
Secretary of State

DOCUMENT # J52039

1. Entity Name
FLO-RITE, INC.

Principal Place of Business

3615 FISCAL CT.

Mailing Address

3615 FISCAL CT.

RIVIERA BCH

FL

33404

US

RIVIERA BCH

FL

33404

US

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

59-2757558

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

7. Name and Address of New Registered Agent

RIESTENBERG, ROBERT J.
2057 S. WATERWAY DR.

NORTH PALM BEACH

FL

33408

US

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)

02/21/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME HARTIGAN JOSEPH
STREET ADDRESS 431 JUPITER LAKES BLVD. #2113B
CITY-ST-ZIP JUPITER FL 33458

☐ Delete

TITLE ST
NAME RIESTENBERG, TERESA M.
STREET ADDRESS 2057 S. WATERWAY DR.
CITY-ST-ZIP N PALM BEACH FL

☐ Delete

TITLE PD
NAME RIESTENBERG, ROBERT J.
STREET ADDRESS 2057 S. WATERWAY DR.
CITY-ST-ZIP N PALM BEACH FL

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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: ROBERT J. RIESTENBERG

PD

02/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)