

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J82351**1. Entity Name
READY-REDDI, INC.**FILED**
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90055 029 ***150.00

Principal Place of Business
20 SOUTH DILLARD STREET
PO BOX 77100
WINTER GARDEN FL 34777-1007
USMailing Address
20 SOUTH DILLARD STREET
PO BOX 77100
WINTER GARDEN FL 34777-1007
US2. Principal Place of Business
20 S. Dillard St.
Suite, Apt. #, etc.
P.O. Box 7710003. Mailing Address
P.O. Box 771000
Suite, Apt. #, etc.City & State
Winter Garden, Fl.City & State
Winter Garden, Fl.4. FEI Number **59-2828969**Applied For
Not ApplicableZip Country
34777-1000 OrangeZip Country
34777-1000 Orange5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PITCHFORD, JAMES M.
235 N DILLARD ST
WINTER GARDEN FL 34787

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **D** ☐ Delete
NAME **PITCHFORD, JAMES M.**
STREET ADDRESS **235 N DILLARD ST**
CITY-ST-ZIP **WINTER GARDEN FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **STD** ☐ Delete
NAME **PITCHFORD-DUNN, JILL**
STREET ADDRESS **3409 REX DRIVE**
CITY-ST-ZIP **WINTER GARDEN FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DP** ☐ Delete
NAME **DUNN, LARRY I.**
STREET ADDRESS **3409 REX DRIVE**
CITY-ST-ZIP **WINTER GARDEN FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: *Jill Pitchford-Dunn*

Jill Pitchford-Dunn

3/14/01

(407) 656-4897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)