

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90180 003 ***150.00

DOCUMENT # J82351

1. Entity Name
READY-REDDI, INC.



Principal Place of Business
**20 SOUTH DILLARD STREET
PO BOX 771000
WINTER GARDEN FL 34777-1000
US**

Mailing Address
**PO BOX 771000
WINTER GARDEN FL 34777-1000
US**



2. Principal Place of Business
20 S. Dillard St.

3. Mailing Address
P.O. Box 771000

Suite, Apt. #, etc.
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 Applicable

Zip
34777-1000

Country
Orange

Zip
34777-1000

Country
Orange

5. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. 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 34787**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **PITCHFORD-DUNN, JILL**
STREET ADDRESS **3409 REX DRIVE**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **DUNN, LARRY I.**
STREET ADDRESS **3409 REX DRIVE**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jill Pitchford-Dunn* **SIGNATURE REQUIRED** Jill Pitchford-Dunn 3/06/03 (407) 656-4897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)