

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K66013

FILED
Feb 24, 2003
Secretary of State

Entity Name: RICCIARDELLI INSULATION CONTRACTING, INC.

Current Principal Place of Business:

C/O MICHAEL RICCIARDELLI
6881 W. WEDGEWOOD AVE
DAVIE, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL RICCIARDELLI
6881 W. WEDGEWOOD AVE.
DAVIE, FL 33331 US

New Mailing Address:

FEI Number: 65-0112229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICCIARDELLI, MICHAEL N
6881 W. WEDGEWOOD AVE.
DAVIE, FL 33331

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICCIARDELLI, MARGARET M
Address: 6881 W. WEDGEWOOD AVE.
City-St-Zip: DAVIE, FL 33331

Title: STD () Delete
Name: RICCIARDELLI, MICHAEL N.
Address: 6881 W. WEDGEWOOD AVE
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL N. RICCIARDELLI

STD

02/24/2003

Electronic Signature of Signing Officer or Director

Date