

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90763 010 ***150.00

DOCUMENT # L00214

1. Entity Name
RITL, INC.



Principal Place of Business
~~5929 14TH ST W~~
BRADENTON FL 34207
US

Mailing Address
~~5929 14TH ST W~~
~~BRADENTON FL 34207~~
US



2. Principal Place of Business
5929 B 14th St W
Suite, Apt. #, etc.

3. Mailing Address
15119 3rd Dr E
Suite, Apt. #, etc.

City & State

City & State
Bradenton FL

4. FEI Number 65-0167679

Applied For
Not Applicable

Zip Country

Zip Country
34212

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

MANN, PETER J
929 GYPRESS WOOD LANE
SARASOTA FL 34243

Name
Street Address (P.O. Box Number is Not Acceptable)
15119 3rd Dr E
City Bradenton FL Zip Code 34212

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

(NOTE: Registered Agent signature required when reinstating)

24 APR 03
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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME MANN, PETER J ☐ Delete
STREET ADDRESS 929 GYPRESS WOOD LANE
CITY-ST-ZIP SARASOTA FL

TITLE S (add) ☒ Change ☒ Addition
NAME
STREET ADDRESS 15119 3rd Dr E
CITY-ST-ZIP Bradenton FL 34212

TITLE ~~S~~ ☐ Delete
NAME ~~MANN, PETER J~~
STREET ADDRESS 929 GYPRESS WOOD LANE
CITY-ST-ZIP SARASOTA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *[Signature]* SIGNATURE REQUIRED Peter Mann, President 4/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)