2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

DOCUMENT # L97520 Apr 26, 2000 8:00 am Secretary of State 1. Entity Name RITEWAY ENGINEERING, INC. 04-26-2000 90056 030 ***150.00 Principal Place of Business Mailing Address P.O. BOX 511207 150 OCEAN RIDGE DRIVE MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951-1207 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FFI Number City & State 59-3024942 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KIRBY, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 150 OCEAN RIDGE DRIVE **MELBOURNE BEACH FL 32951** Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. OFFICERS AND DIRECTORS PD Change ☐ Addition ☐ Delete TITLE TITLE KIRBY, JOSEPH NAME NAME STREET ADDRESS 150 OCEAN RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP **MELBOURNE BEACH FL 32951** CITY-ST-7tP ☐ Change ☐ Addition TITLE □ Delete TITLE KIRBY, WENDY NAME NAME 150 OCEAN RIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE BEACH FL 32951 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 enpowered.