2002 Uniform Business Report (UBR)

Mar 27, 2002 8:00 am § Secretary of State DOCUMENT # M33363 1. Entity Name 03-27-2002 90059 017 ***150.00 RICARDO'S INVESTMENTS, INC. Principal Place of Business Mailing Address 104220 % HIGHWAY 104220 % HIGHWAY KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2688701 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THALER, SHIRLEE Street Address (P.O. Box Number is Not Acceptable) 1534 SHAW DRIVE KEY LARGO FL 33037 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE Thaler, Ricky 12 Jewfish Ave. NAME NAME THALER, SHIRLEE STREET ADDRESS STREET ADDRESS 1534 SHAW DRIVE CITY 3. ZIP CITY-ST-ZIP Key Largo, FL 33037 KEY LARGO FL 33037 ☐ Addition Change ☐ Defete TITLE TITLE NAME*. NAME THALER, CHAD STREET ADDRESS STREET ADDRESS 1534 SHAW DR CITY-ST-ZIP CITY - ST - ZIP KEY LARGO FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE D NAME . .NAME_-, THALER, RICKY STREET ADDRESS STREET ADDRESS 12 JEWFISH AVE CITY-ST-ZIP CITY-ST-ZIP <u>key largo fl</u> Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 empowered.

SIGNATURE:

FILED