2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**



Jan 27, 2003 8:00 am Secretary of State M33363 DOCUMENT # 1. Entity Name 01-27-2003 90525 033 ***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. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2688701 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THALER, SHIRLEE Street Address (P.O. Box Number is Not Acceptable) 1534 SHAW DRIVE KEY LARGO FL 33037 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition THALER, RICKY NAME NAME 12 JEWFISH AVE STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 CITY-ST-7IP CITY-ST-ZIP D TITLE Change ☐ Addition Delete THALER, CHAD NAME STREET ADDRESS 1534 SHAW DR STREET ADDRESS CITY-ST-ZIP KEY LARGO FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME THALER, RICKY STREET ADDRESS 12 JEWFISH AVE STREET ADDRESS CITY-ST-ZIP KEY LARGO FL CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

Thaler /1-23-2003

FILED