

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000005

1. Entity Name

RICGT DESIGN, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90021 037 ***150.00

0290552

Principal Place of Business

Mailing Address

11692 BEECH AVENUE
PALM BEACH GARDENS FL 33410

11692 BEECH AVENUE
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

11692 BEECH AVE

Suite, Apt. #, etc.

City & State

City & State

PALM BEACH GARDENS, FL

4. FEI Number

65-0977867

Applied For

Not Applicable

Zip

Country

Zip

Country

33410

USA

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

OWENS, SAMUEL S
11632 BEACH AVENUE
WEST PALM BEACH FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

SAMUEL S. OWEN, PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME OWEN, SAM S
STREET ADDRESS 11692 BEECH AVENUE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL S. OWEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 561-622-4860

CR2E034 (10/00)