

DOCUMENT # P00000016308

1/9/01-90

1. Entity Name

RIGCO SYSTEMS, INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-09-2001 90039 020 ***150.00

Principal Place of Business

1812 BARN OWL WAY
PALM HARBOR FL 34683

Mailing Address

1812 BARN OWL WAY
PALM HARBOR FL 34683

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3626457

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICCOBENE, ROBERT A
1812 BARN OWL WAY
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-2001

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
NAMEROBERT A. RICCOBENE ☐ Delete

STREET ADDRESS

PRESIDENT

CITY-ST-ZIP

1812 BARN OWL WAY

CITY-ST-ZIP

PALM HARBOR, FL 34683

TITLE
NAME☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME☐ Delete

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME☐ Delete

STREET ADDRESS

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 power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-2001 727-771-9542

CR2E034 (10/00)