

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90113 039 ***550.00

DOCUMENT # P00000057905

1. Entity Name
RIRIE 'N GO ENTERPRISES, INC.

Principal Place of Business

**500 KINGS ROAD S.
 SUITES #1 & 2
 CALLAHAN FL 32011**

Mailing Address

**P.O. BOX 1506
 CALLAHAN FL 32011-1506**

2. Principal Place of Business

500 KINGS ROAD, So.

3. Mailing Address

Suite, Apt. #, etc.

SUITES #1 & 2

City & State
CALLAHAN, FL

City & State

Zip

Country

32011

NASSAU

4. FEI Number **59-3652391**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TYLER, MONTE R
 2639 PARISH COMETRY RD
 JACKSONVILLE FL 34206-2050**

7. Name and Address of New Registered Agent

Name **MONTE R. TYLER**
 Street Address (P.O. Box Number is Not Acceptable)
1403 FALKIRK COURT
 City **JACKSONVILLE** FL **32221**

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

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, 2002 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

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	TYLER, MONTE R	
STREET ADDRESS	2639 PARISH CEMETRY RD	
CITY-ST-ZIP	JACKSONVILLE FL 34206-2050	
TITLE	DVPS	<input checked="" type="checkbox"/> Delete
NAME	TYLER, MARGERY L	
STREET ADDRESS	2639 PARISH CEMETRY	
CITY-ST-ZIP	JACKSONVILLE FL 34206-2050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYLER, MONTE R	
STREET ADDRESS	1403 FALKIRK COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE	DVPS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYLER, MARGERY L.	
STREET ADDRESS	1403 FALKIRK COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 other like empowered.

SIGNATURE: **Monte R. Tyler**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-28-02 904-879-9979

CR2E034 (9/01)