


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

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90018 015 ***150.00

DOCUMENT # 1. Entity Name RIFE MANAGEMENT, INC.	
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DO NOT WRITE IN THIS SPACE

14000336

2. Principal Place of Business 2055 LIVE OAK BLVD Suite, Apt. #, etc.	3. Mailing Address 2055 LIVE OAK BLVD Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ST CLOUD FL	City & State ST CLOUD, FL
Zip 34771	Country

4. FEI Number 59-3661118	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name RIFE, MARK A.	
Street Address (P.O. Box Number is Not Acceptable) 2055 LIVE OAK BLVD	
City ST CLOUD	FL Zip Code 34771

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 re-registering) **DATE** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	RIFE, MARK A. 2055 LIVE OAK BLVD ST CLOUD FL 34771	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RIFE, CAROLE L 2055 LIVE OAK BLVD ST CLOUD, FL 34771	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with another like empowered.

SIGNATURE: Carol L Rife **3/15/04** **407 891-0607**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #