

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000074346

FILED
Feb 18, 2002 8:00 AM
Secretary of State

Entity Name: RITTER MEDICAL INC.

Current Principal Place of Business:

14404 S.E. 95TH CT.
SUMMERFIELD, FL 34491

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 955
SUMMERFIELD, FL 34492

New Mailing Address:

FEI Number: 59-3663488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RITTER, TIM
14404 S.E. 95TH CT.
SUMMERFIELD, FL 34491 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: RITTER, TIMOTHY J
Address: 14404 95TH ST
City-St-Zip: SUMMERFIELD, FL 34491

Title: VPS () Delete
Name: RITTER, JULIA G
Address: 14404 SE 95TH CT
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY J. RITTER

PT

02/18/2002

Electronic Signature of Signing Officer or Director

Date