2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR P00000081739 DOCUMENT

1. Entity Name

RICCARDI ENTERPRISES, INC.



FILED

Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90820 021 ***150.00

Principal Place of Business 935 JUNGLE AVENUE NORTH ST PETERSBURG FL 33710

Mailing Address

935 JUNGLE AVENUE NORTH ST PETERSBURG FL 33710

| 2. Principal Place of Business | | 3. Mailing Address | | T TO BRITARY THE BEST A BEST BOTH BOTH BOTH BOTH BOTH TO LEVEL TO THE TRANSPORT TO THE TRAN | | |
|---|--|---------------------------|------------------------------------|--|--|--|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES | | |
| City & State | | City & State | | 4. FEI Number 59-3672519 | Applied For | |
| Zip | Country | Zip | Country | | Not Applicable \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| | | | - Name | | | |
| CFRA, LLO | C | | | | | |
| ONE HAR | BOUR PL | Street Address (P.0 | | ss (P.O. Box Number is Not Acceptable) | | |
| 777 S HA | RBOUR ISLAND BLVD., STE 500 | | | - | | |
| TAMPA FL | _ | | | | | |
| | | | City | FL | Zip Code | |
| the above the obligat | | · | | stered agent, or both, in the State of Florida. I am fa | amiliar with, and accept | |
| | | O tite ii applicable. (NO | TE: Registered Agent signature red | uired when reinstating) DATE | | |
| 🚵 🧋 After | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of | State | | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| 10 | OFFICERS AND D | DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS IN 11 | |
| TITLÉ . | D | ☐ Delete | TITLE | | ☐ Change ☐ Addition | |
| NAME - | RICCARDI, DONALD J | | NAME | | Change Addition | |
| | 935 JUNGLE AVENUE NORTH | | STREET ADDRESS | | | |

Addition CITY-ST-ZIE ST PETERSBURG FL 33710 CITY-ST-ZIP TITLE PRESIDENT ☐ Delete TITLE ☐ Change Addition NAME Joan A. RICCARDI NAME STREET ADDRESS 935 Jungle AVE North STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG, 71 35710 TITLE ---☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE: JOAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

Applied For Not Applicable