

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085034

1. Entity Name

RATINGSOURCE, INC.

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90178 001 ***150.00

Principal Place of Business

1217 SOUTH HWY 17-92
LONGWOOD FL 32750

Mailing Address

1217 SOUTH HWY 17-92
LONGWOOD FL 32750

2. Principal Place of Business

958-A Orange Avenue

3. Mailing Address

958-A Orange Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Winter Park, FL

Zip

32789

Country

USA

Zip

32789

Country

USA

4. FEI Number

59-3674877

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TUKDARIAN & UNCAPHER, P.A.
228 HILLCREST STREET
ORLANDO FL 32801

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PICKER, ROGER	
STREET ADDRESS	719 TERRA PLACE	
CITY-ST-ZIP	MAITLAND FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELKA, JOHN	
STREET ADDRESS	8725 KENMURE COVE	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANGER, GARY	
STREET ADDRESS	309 NORTH LANSING SQUARE STE 115	
CITY-ST-ZIP	LANSING MI 48909	
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	<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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

407-695-2821

Daytime Phone #

CR2E034 (10/00)