

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90090 010 ***150.00

DOCUMENT # P00000087038

1. Entity Name
ALBERT T. RIGGIN, PA



Principal Place of Business
**2645 GENRY STREET
MATLACHA FL 33993**

Mailing Address
**2645 GENRY STREET
MATLACHA FL 33993**



2. Principal Place of Business
2685 GENLY ST
Suite, Apt. #, etc.

3. Mailing Address
2685 GENLY ST
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MATLACHA FL.
Zip
33993
Country
LEE

City & State
MATLACHA FL.
Zip
33993
Country
LEE

4. FEI Number
65-1040489

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ELLIOTT, FRANKLIN
2777 S CONGRESS AVE
LAKE WORTH FL 33461**

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. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RIGGIN, ALBERT T PA
750 BALD EAGLE DR, #1
MARCO ISLAND FL 34145** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RIGGIN, ALBERT T. P.A.
2685 GENLY ST
MATLACHA, FL. 33993** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Albert T. Riggins, P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/03 (239) 283-4290

CR2E034 (10/02)