

2001 UNIFORM BUSINESS REPORT (UBR)

8

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-06-2001 90003 048 ***150.00

DOCUMENT # P00000087766

1. Entity Name
RIGGIN, INC.

Principal Place of Business
1104 NORTH COLLIER BOULEVARD
MARCO ISLAND FL 34145

Mailing Address
1104 NORTH COLLIER BOULEVARD
MARCO ISLAND FL 34145

2. Principal Place of Business
Samp
 Suite, Apt. #, etc.

3. Mailing Address
2645 Georg St
 Suite, Apt. #, etc.

NEW ADDRESS

DO NOT WRITE IN THIS SPACE

City & State

City & State
Matlacha FL
Zip
33993
Country
USA

4. FEI Number
65-0609225

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRANKLIN, ELLIOTT
2777'S CONGRESS AVE
LAKE WOTH FL 33481

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 *Sylvia Rigg*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/31/01
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DP RIGGIN, SYLVIA 760 BALD EAGLE DR #1 MARCO ISLAND FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2645 Georg St Matlacha FL 33993	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sylvia Rigg*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-01 **941-283-4290**
 Date Daytime Phone #

CR2E034 (5/01)

P00000087766

Attachment
7/14/01 11531

Fla Dept of State

We originally notified you in late
January or early February of the anticipated
sale of our business.

You sent the forms to our 750
Bald Eagle Dr. Marco Island location. We were
no longer doing business there. We were
never given the forms.

We now have changed our Name to
Reggio Inc. 2645 Geary St, Mattucka Fl 33993.

I do not feel I should have to pay this
\$400⁰⁰ you are requesting. You have accepted my
\$150⁰⁰ and I am asking you to please process
my corporation renewal as I did not receive
the annual report at my new address to
process it.

Thank you

Sylvia Reggio