

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90356 040 ***550.00

DOCUMENT # P00000087766

1. Entity Name
RIGGIN, INC.

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

Mailing Address
2645 GEARY ST
MATLACHA FL 33993

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

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

City & State
MATLACHA FL.
 Zip **33993** Country **LEE**

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MATLACHA FL.
 Zip **33993** Country **LEE**

4. FEI Number **65-1044285**

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 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

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP**
 NAME **RIGGIN, SYLVIA**
 STREET ADDRESS **2645 GEARY ST**
 CITY-ST-ZIP **MATLACHA FL 33993**

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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

Date

Daytime Phone #

CR2E034 (4/02)