

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90152 032 ***150.00

DOCUMENT # P00000090517

1. Entity Name

RITAM PERSONAL GROWTH SERVICES, INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

727 1/2 EDGEWATER DR.

Suite, Apt. #, etc.

3. Mailing Address

727 1/2 EDGEWATER DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59 - 3682011

Applied For

Not Applicable

Zip

32804

Country

USA

Zip

32804

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SIMONS, G.

Street Address (P.O. Box Number is Not Acceptable)

727 1/2 EDGEWATER DR.

City

ORLANDO

FL

32804

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)** ☐

**10. Election Campaign Financing
Trust Fund Contribution** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE D
NAME SIMONS, G.
STREET ADDRESS 727 1/2 EDGEWATER DR.
CITY-STATE-ZIP ORLANDO, FL 32804

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

G. SIMONS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

Daytime Phone #

CR2E034B (12/01)