

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90134 036 ***150.00

FILED
MAR 24 2003
AM

DOCUMENT # P01000002401

1. Entity Name
MICHAEL E RINEY INC.



Principal Place of Business
**9393 MIDNIGHT PASS ROAD
UNIT 607 N
SARASOTA FL 34242**

Mailing Address
**9393 MIDNIGHT PASS ROAD
UNIT 607 N
SARASOTA FL 34242**

2. Principal Place of Business
137 Big Pass Lane
Suite, Apt. #, etc.

3. Mailing Address
PO Box 220
Suite, Apt. #, etc.

City & State
Sarasota Florida

City & State
W. Newton, MA

Zip
34242

Country
USA

Zip
02465

Country
USA

4. FEI Number **04-3101359** Applied For Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RINEY, MICHAEL E
9393 MIDNIGHT PASS ROAD
UNIT 607 N
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name **Riney, Michael E**

Street Address (P.O. Box Number is Not Acceptable)
137 Big Pass Lane

City **Sarasota** State **FL** Zip Code **34242**

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 _____ (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	
TITLE PD	<input type="checkbox"/> Delete
NAME RINEY, MICHAEL E	
STREET ADDRESS 9393 MIDNIGHT PASS ROAD	
CITY-ST-ZIP SARASOTA FL 34242	
TITLE TCD	<input type="checkbox"/> Delete
NAME RINEY, NANCY J	
STREET ADDRESS 9393 MIDNIGHT PASS ROAD	
CITY-ST-ZIP SARASOTA FL 34242	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Riney, Michael E	
STREET ADDRESS 137 Big Pass Lane	
CITY-ST-ZIP Sarasota, FL 34242	
TITLE TCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Riney, Nancy J	
STREET ADDRESS 137 Big Pass Lane	
CITY-ST-ZIP Sarasota, FL 34242	
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	

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 REQUIRED **3/20/03** **891-312-9420**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davime Phone #

CR2E034 (10/02)