# 2002 UNIFORM BUSINESS REPORT (UBR)

3.

**FILED**
**Apr 11, 2002 8:00 am**
**Secretary of State**
03-12-2002 90023 008 ***158.75

DOCUMENT # P01000003735

1. Entity Name
RIKMAR, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5416 BURDETTE TERR<br>NORTH PORT FL 34287 | 5416 BURDETTE TERR<br>NORTH PORT FL 34287 |

23572

DO NOT WRITE IN THIS SPACE

337 tamiami trail

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| ~~Sarasota, Florida~~ Port Charlotte | 337 tamiami trail |
| Suite, Apt. #, etc.<br>Unit B | Suite, Apt. #, etc.<br>Unit B |
| City & State<br>Port Charlotte | City & State<br>Port Charlotte FL |
| Zip / Country<br>34287 / Port Charlotte | Zip / Country<br>34287 / Charlotte |

4. FEI Number 59-3689029 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ROBINSON, RICKY<br>5416 BURDETTE TERR<br>NORTH PORT FL 34287 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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: [signature] 2-25-02
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 $150.00**
**After May 1, 2002 Fee will be $550.00**
**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ROBINSON, RICKY<br>5416 BURDETTE TERR<br>NORTH PORT FL 34287 | ☐ Delete | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>BUSH, PATRICK J<br>8200 CASEADAS AVE<br>N PORT FL 34287 | ☐ Delete | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>TANGUAY, ALAIN<br>16429 TANGLEWOOD AVE<br>PORT CHARLOTTE FL 33954 | ☑ Delete | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ROBINSON, MARY K<br>5416 BURDETTE TERR<br>NORTH PORT FL 34287 | ☐ Delete | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>JOHN FAUTEUX<br>405 CHAMPION ST<br>Port Charlotte FL 33953 | ☐ Delete | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Robert Bevins<br>4657 Neley<br>North Port FL 34287 | ☐ Delete | ☐ Change | ☐ Addition |

CR2E034 (9/01)

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] 4-4-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #