

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90297 046 ***150.00

0627346
AV

DOCUMENT # P01000003735

1. Entity Name
RIKMAR, INC.



Principal Place of Business
**327 TAMAMI TRAIL UNIT B
PORT CHARLOTTE FL 33953**

Mailing Address
**327 TAMAMI TRAIL UNIT B
PORT CHARLOTTE FL 33953**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3689029**

Applied For

Not Applicable

Zip

Country

Zip

Country

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
5416 BURDETTE TERR
NORTH PORT FL 34287**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-03

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ROBINSON, RICKY**
STREET ADDRESS **5416 BURDETTE TERR**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **BUSH, PATRICK J**
STREET ADDRESS **8200 CASEADAS AVE**
CITY-ST-ZIP **N PORT FL 34287**

TITLE ☒ Change ☐ Addition
NAME **Ronald E Robinson**
STREET ADDRESS **4005 Blue Ridge St**
CITY-ST-ZIP **North Port FL 34287**

TITLE **T** ☐ Delete
NAME **ROBINSON, MARY K**
STREET ADDRESS **5416 BURDETTE TERR**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **FAUTEUX, JOHN**
STREET ADDRESS **405 CHAMPION STREET**
CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

TITLE ☒ Change ☐ Addition
NAME **Sue Robinson**
STREET ADDRESS **4005 Blue Ridge Rd**
CITY-ST-ZIP **N. Port FL 34287**

TITLE **S** ☐ Delete
NAME **BEVINS, ROBERT**
STREET ADDRESS **4657 NELEY**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

743-3340

Daytime Phone #

CR2E034 (10/02)