FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90051 017 ***150.00

DOCUMENT # P0 1000025041

1. Entity Name: RIBBONS PLUS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6464 PARKLAND DRIVE	6464 PARKLAND DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FLORIDA	City & State: SARASOTA FLORIDA
Zip: 34243 Country: USA	Zip: 34243 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1084687 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: J KEVIN DRAKE
Street Address (P.O. Box Number is Not Acceptable): 1432 FIRST STREET
City: SARASOTA **FL** Zip Code: 34236

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 ______________________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT	TITLE	SECRETARY
NAME	ALAN W AMBRIDGE	NAME	MICHAEL J VORACHEK
STREET ADDRESS	6859 ARECA BOULEVARD	STREET ADDRESS	6589 TAEDA DRIVE
CITY-ST-ZIP	SARASOTA FL 34241	CITY-ST-ZIP	SARASOTA FL 34241
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: [signature] ALAN W AMBRIDGE 4/18/02 941-727-0631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #