## 2003 FOR PROFIT CORPORATION

SIGNATURE:

## May 22, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) 04-14-2003 90764 045 \*\*\*158.75 P02000002774 **DOCUMENT #** 05-22-2003 90137 010 \*\*\*\*\*8.75 1. Enlity Name SIR JAMES W., INC. TARICIOR Mailing Address Principal Place of Business PO BOX 263 2657 CAJUPUT ST. MATLACHA FL 33993 MATLACHA FL 33993 2. Principal Place of Business 3. Mailing Address r.O. ETN # W E\_D\_CHECK\_HERE:IF MAKING:GHANGES= Suite, Apt. #, etc. Suite, Apt. #, etc City & State 4. FEI Number 30 -0030 8 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ee Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RITCHIE. JAMES W Street Address (P.O. Box Number is Not Acceptable) 2657 CAJUPUT ST. MATLACHA FL 33993 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 the obligations of registered agent. nent and title if applicable (NOTE: Registered Agent signature required when reinstatura). PILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) TITLE Addition Delete RITCHIE, JAMES W NAME NAME 2657 CAJUPUT ST. STREET ADDRESS STREET ADDRESS MATLACHA FL 33993 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment y

Daytime Phone s



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

April 17, 2003

SIR JAMES W., INC. PO BOX 263 MATLACHA, FL 33993

Subject: SIR JAMES W. INC.

Reference Number:

P02000002774

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000. EFMH 30-00308/1

ANNUAL REPORTS SECTION

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Division of Corporations - P.O. BOX 1500 - Tallahassee, Florida 32302