

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90354 002 ***150.00

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1. Entity Name

RHETT ROTTEN'S WALL OF DEATH, INC.



Principal Place of Business

6695 ENGRAM RD.
NEW SMYRNA BCH FL 32169

Mailing Address

6695 ENGRAM RD.
NEW SMYRNA BCH FL 32169

2. Principal Place of Business

2245 S. Woodland Blvd
Suite, Apt. #, etc.

3. Mailing Address

2245 S. Woodland Blvd
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Deland FL

City & State

Deland FL

4. FEI Number

020563585

Applied For

Not Applicable

Zip

Country

32720 USA

Country

Zip

Country

32720 USA

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

HARP, PATRICIA
2826 STATE RD. 44
DELAND FL 32720

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GIORDANO, RHETT
STREET ADDRESS 6695 ENGRAM RD.
CITY-ST-ZIP NEW SMYRNA BCH FL 32169

TITLE PD
NAME Rhett Giordano
STREET ADDRESS 965 Sevilla Ave
CITY-ST-ZIP Lake Helen FL 32744

TITLE VD
NAME GIORDANO, KIMBERLY
STREET ADDRESS 6695 ENGRAM RD.
CITY-ST-ZIP NEW SMYRNA BCH FL 32169

TITLE VD
NAME Kim Giordano
STREET ADDRESS 965 Sevilla Ave
CITY-ST-ZIP Lake Helen FL 32744

TITLE
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STREET ADDRESS
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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:

Kim Giordano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-03 386 799 3013

CR2E034 (10/02)