

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91376 002 ***150.00

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DOCUMENT # P02000062914

1. Entity Name

RONNEIL RYE WILDERNESS CORP.



Principal Place of Business

1717 2ND STREET

SUITE D

SARASOTA FL 34236

Mailing Address

1717 2ND STREET

SUITE D

SARASOTA FL 34236

2. Principal Place of Business

1717 SECOND STREET

Suite, Apt. #, etc.

SUITE A

City & State

SARASOTA FLORIDA

Zip

34236

Country

USA

3. Mailing Address

1717 SECOND STREET

Suite, Apt. #, etc.

SUITE A

City & State

SARASOTA, FLORIDA

Zip

34236

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

54-2070002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHENKIN, RONALD R

1717 2ND STREET

SUITE D

SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MALAMUD, NEIL N
CITY-ST-ZIP 1717 2ND STREET #D
SARASOTA FL 34236

TITLE ☐ Delete
NAME D
STREET ADDRESS SHENKIN, RONALD R
CITY-ST-ZIP 1717 2ND STREET #D
SARASOTA FL 34236

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS NEIL N. MALAMUD
CITY-ST-ZIP 1717 SECOND STREET, SUITE A
SARASOTA, FLORIDA 34236

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

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

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

(941) 951-2511

Daytime Phone #

CR2E034 (10/02)