

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State
03-13-2003 90102 022 ***150.00

DOCUMENT # PD2000065818

1. Entity Name

DD RISTICK CONCESSIONS INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

90 BEN ZIMMER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1924 W ORIENT ST

PO BOX 18072

City & State

City & State

TAMPA FL

TAMPA FL

Zip

Country

Zip

Country

33607-6539

33679-8072

4. FEI Number

59-3610236

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

BEN F ZIMMER

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

1924 W ORIENT ST

City

TAMPA

FL

Zip Code

33607

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
DUKE RISTICK
1924 W. ORIENT ST
TAMPA FL 33607-6539

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY
DOROTHY RISTICK
1924 W. ORIENT ST
TAMPA FL 33607-6539

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE: Duke Ristick DUKE RISTICK PRES 3-10-03 813 8763143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #