

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90098 017 ***150.00

DOCUMENT # P02000080512

1. Entity Name
ALTAMONTE G & M, INC.



Principal Place of Business
480 N. ORLANDO AVENUE
SUITE 218
WINTER PARK FL 32789

Mailing Address
480 N. ORLANDO AVENUE
SUITE 218
WINTER PARK FL 32789

2. Principal Place of Business

1855 SWEETWATER W.CIRCLE

3. Mailing Address

1855 SWEETWATER W.CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA, FL

City & State

APOPKA, FL

4. FEI Number

16-1618933

Applied For

Not Applicable

Zip

32712

Country

USA

Zip

32712

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

RIPPARD, WILLIAM H
1855 SWEETWATER WEST CIRCLE
APOPKA FL 32712

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
RIPPARD, WILLIAM H
1855 SWEETWATER WEST CIRCLE
APOPKA FL 32712

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

WILLIAM H. RIPPARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/03 407 644-5811

Date

Daytime Phone #

CR2E034 (10/02)