2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000106542

1. Entity Name

RITESIGN, INC



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90086 031 ***150.00

Principal Place of Business 305 N PARSONS AVE BRANDON FL 33510 2. Principal Place of Business Suite Aprl. #, etc. City & State					1000				
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City & State Country Country Country Country Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required Street Address of New Registered Agent Name REEDY, MICHAEL CPA 305 N. PARSONS AVE. BRANDON FL 33510 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) DITE FLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D CASTIER ADDRESS CITY-S1-7P MI CHARCL HOW ARD Delete TITLE Delete TITLE Delete TITLE NAME SIRET ADDRESS CITY-S1-7P MI CHARCL HOW ARD Delete TITLE Delete TITLE NAME SIRET ADDRESS CITY-S1-7P TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE NAME SIRET ADDRESS CITY-S1-7P TITLE Delete TITLE D	2. Principal Place of Business		3. Mailing Address				1 194 (1951 31) 100 10 110 110 110 110 110 110 110 11		
Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REEDY, MICHAEL CPA 305 N. PARSONS AVE. BRANDON FL 33510 City FL Zip Code 6. 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE DELETERGREN, LENNART VAME SIRRET ADDRESS CITY-ST-ZIP MICHAREL HOW RRA SSEE 43 RA ST # A VERO BEACH FZ 32 968 CITY-ST-ZIP UERO BEACH FZ 32 968 CITY-ST-ZIP Delete TITLE DELETERGREN, LENNART STRET ADDRESS STRET ADDRE	City & State		City & State			4			
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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.

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME STREET ADDRESS

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☐ Delete

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2/10/03

Daytime Phone #

Change

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