

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91782 005 ***150.00

DOCUMENT # P02000124299

1. Entity Name
RITSON GLOBAL, INC.



Principal Place of Business
**203 S. PARSONS AVENUE
BRANDON FL 33511**

Mailing Address
**203 S. PARSONS AVENUE
BRANDON FL 33511**

11041496



2. Principal Place of Business

1005 LUMSDEN TRACE CIR.

Suite, Apt. #, etc.

3. Mailing Address

1005 LUMSDEN TRACE CIR.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

VALRICO FL

City & State

VALRICO FL

4. FEI Number

55-0806789

☒ Applied For

☐ Not Applicable

Zip

33594

Country

USA

Zip

33594

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PIERCE, M. WEBSTER
203 S. PARSONS AVENUE
BRANDON FL 33511**

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 **P** ☐ Delete
NAME **CHARLES, WINSTON**
STREET ADDRESS **1005 LUMSDEN TRACE CIR.**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **VP** ☐ Delete
NAME **CHARLES, DIANN**
STREET ADDRESS **1005 LUMSDEN TRACE CIR.**
CITY-ST-ZIP **VALRICO FL 33594**

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
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Winston R. Charles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03
Date

(813) 685-0777
Daytime Phone #

CR2E034 (10/02)