

2004 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT# P03000098205

1. Entity Name

RIGUS SERVICES CORPORATION

Principal Place of Business

Mailing Address

**2228 SW 7TH PL
 CAPE CORAL FL 33991**

**2228 SW 7TH PL
 CAPE CORAL FL 33991**

2. Principal Place of Business

3. Mailing Address

Suite Apt #, etc.

Suite Apt # etc.

City & State

City & State

4. FEI Number

20-0214000

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAX HOUSE CORPORATION

11601 S CLEVELAND AVE # 6

FORT MYERS, FL 33907

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Register Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW! FEE IS \$150.00
After MAY 1, 2004 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **RODRIGUES, ILSO ANTONIO**
 CITY-ST-ZIP **2228 SW 7TH PL
 CAPE CORAL FL 33991**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
U000000135782
04/28/04-80071-021 150.00

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **RODRIGUES, MARIA MONTEIRO**
 CITY-ST-ZIP **2228 SW 7TH PL
 CAPE CORAL FL 33991**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 11 or Block 12 N changed or on an attachment with an address, with all other like empowered

SIGNATURE: 

04/24/2004

(239) 772-5003