

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P03000128810**

1. Entity Name

Ritter Framing, Inc



FILED

04 AUG 20 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLA. (411)

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**Palm Coast FL**

Suite, Apt. #, etc.

3. Mailing Address

**42 Shinnecock Dr**

Suite, Apt. #, etc.

City & State  
**Palm Coast, FL**

City & State  
**Palm Coast FL**

4. FEI Number

**27-0077277**

Applied For  
Not Applicable

Zip  
**32137**

Country

Zip  
**32137**

Country

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **John Ritter**

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

**42 Shinnecock Dr**

City **Palm Coast**

**FL** Zip Code  
**32137**

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.

7-15-04

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Makes 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 John Ritter 42 Shinnecock Dr Palm Coast FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert A. Radivo 52 Pony Express Palm Coast FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700040776197 09/02/04--01032--011 **550.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lisa Ann Fusco 42 Shinnecock Dr Palm Coast FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-04

386-246-5241

Date

Daytime Phone #

CR2E034B (12/02)