

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90057 049 ***150.00

DOCUMENT # P20627

1. Entity Name
REITHOFFER SHOWS, INC.



Principal Place of Business
**9022 WIGGINS RD
GIBSONTON FL 33534
US**

Mailing Address
**B.G. STEPHENSON LTD.
4157 CHAIN BRIDGE ROAD
FAIRFAX VA 22030
US**

2. Principal Place of Business

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **52-0690094**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PENSON, ALBERT CRAIG
701 EAST TENNESSEE STREET
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

N/A

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

2916 Remington Green Circle

City

Tallahassee

FL

Zip Code

32308

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

Albert C. Penson

Albert C. Penson

4/28/03

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 **REITHOFFER, P.E. III**
STREET ADDRESS **19468 CAMP LANE**
CITY-ST-ZIP **JUPITER FL 33478**

TITLE **V** ☐ Delete
NAME **REITHOFFER, RICHARD H.**
STREET ADDRESS **9022 WIGGINS RD.**
CITY-ST-ZIP **GIBSONTON, FL. 33534 33534**

TITLE **S** ☐ Delete
NAME **REITHOFFER, MARIANNE**
STREET ADDRESS **9022 WIGGINS RD.**
CITY-ST-ZIP **GIBSONTON, FL. 33534 33534**

TITLE **D** ☐ Delete
NAME **REITHOFFER, P.E. JR.**
STREET ADDRESS **154 MONTEREY WAY**
CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

TITLE **D** ☐ Delete
NAME **REITHOFFER, BETTE A.**
STREET ADDRESS **154 MONTEREY WAY**
CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Albert C. Penson III

President

4/28/03

703-591-2470

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)