2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P93000003897

1. Entity Name

ELAINE C. RITCHIE, P.A./



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

02-05-2003 90118 002 ***150.00

Pincipal Place of Elusiness 3. Mailto Address 3. Mailto Addr						WE TE						
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Chy & C	4950 GOLDEN GAYS PKWY NAPLES FL 34116			3170 41ST STREET. SW Naples Fl 34116								•
City & State	2. Principal Place of Business			3. Mailing Address							IRIN HAAR HAAR	•
Zip Country Zip Country 5. Certification of States Desired \$3.75 Additional Press Propulsed \$4.75 Additional Press Propulsed \$1.75 Additional Press Press Propulsed \$1.75 Additional Press Press Propulsed \$1.75 Additional Press Pr	Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
Country Coun	City & State			City & State			4. FEI Number 65-0385992					
Name	Zip Country			Zip	Cour	itry	5. Certificate of Status De			\$8.75 Additional		1
Name		6 Name and Ad	Idrace of Current Beni	etered Agent		<u> </u>	 	Name and Address of Nav. D	A			┥.
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) CRY FL Zip Code FL Zip Charge Flancing Flanci		o. Name and Ac	uress of Carrent negi	stereo Agent		A1		Name and Address of New A	egisierea A	gent .	·	┥・
NAPLES FL 34116 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signame Appellor is priced agent. POTE Registered agent or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. POTE Registered agent or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. POTE Registered agent or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. POTE Registered agent or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. POTE			تعود و معصوب سینین د	معمود الرج ود المحالة المحالة ا)							
8. The above named entity subhitists this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Sig						,			'			-
THE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Part						,				~ ∟ `		
	8. The above the obligat	e named entity submit tions of registered ag	s this statement for the ent.	purpose of changing its	egister	ed office or registe	ered ag	ent, or both, in the State of Flo	rida. I am fa	miliar with,	and accept	
After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed or printed r	name of registered agent and title	e if applicable. (NOTE:	Registere	d Agent signature require	d when re	einstating)	DATE			
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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.

SIGNATURE: L