

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90070 006 ***150.00

DOCUMENT # P93000021793

1. Entity Name

STEVEN C. RIX, INC.

Principal Place of Business

2901 W. BUSCH BLVD.
SUITE 105
TAMPA FL 33518

Mailing Address

2901 W. BUSCH BLVD.
SUITE 105
TAMPA FL 33518

2. Principal Place of Business

5642 PADDOCK TRAIL DRIVE

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

Zip

33624

Country

USA

3. Mailing Address

5364 EHRICH RD

Suite, Apt. #, etc.

PMB # 76

City & State

TAMPA FLORIDA

Zip

33624

Country

USA

717196



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3172739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATKINS, CARL T
7345 JACKSON SPRINGS RD.
TAMPA FL 33634

Name

WATKINS, CARL T

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

5103 MEMORIAL BLVD HIGHWAY

City

TAMPA

FL

Zip Code

33634

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: Registered 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P RIX, STEVEN C 5642 PADDOCK TRL DR TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN C. RIX

Date

(813) 408-7699

Daytime Phone #

CR2E034 (10/00)