5/24/20

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State
05-24-2002 91324 024 ***150.00

DOCUMENT # P93000008194

1. Entity Name
G.W. RIDDLE MAC TOOLS, INC.
17121 NW 82nd AVENUE
HIALEAH, FL 33015

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number
17121 NW 82 Ave Suite, Apt. #, etc.	P.O. Box 171521 Suite, Apt. #, etc.	65-0463430 ☐ Applied For ☐ Not Applicable
City & State: Hialeah, FL	City & State: Hialeah, FL	
Zip: 33015 Country: DADE	Zip: 33017-1521 Country: DADE	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Malcolm A. Leonard C.P.A., P.A.
Street Address (P.O. Box Number is Not Acceptable): 3810 Hollywood Boulevard
City: Hollywood FL Zip Code: 33021

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: Malcolm A Leonard 6-17-2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Gaylord W. Riddle 17121 NW 82 AVE HIALEAH, FL 33015	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Deborah M. Riddle 17121 NW 82 Ave Hialeah, FL 33015	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/24/02 3055574793
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone