**2003 FOR PROFIT CORPORATION** 

## Mar 10, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P94000031660 DOCUMENT # 1. Entity Name 03-10-2003 90740 007 \*\*\*150.00 RITESPOT RESTAURANTS, INC. Principal Place of Business Mailing Address 1534 N 3RD ST PO BOX 51247 10040434 JACKSONVILLE BCH FL 32250 JACKSONVILLE BEACH FL 32240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3449291 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent: 7. Name and Address of New Registered Agent KEASLER, FRANK R JR 4309 PABLO OAKS CT STE 5 JACKSONVILLE FL 32224 City 1 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Drector TITI F Change ☐ Addition COLE, KATHLEEN S NAME WAMPler, David NAME 1500 PENMAN ROAD STREET ADDRESS 607 OLGANDER COURT STREET ADDRESS CITY-ST-ZIF **NEPTUNE BEACH FL 32266** CITY-ST-ZIP Beach ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. --- Delete -TITLE Change Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

TITLE

NAME

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CR2E034 (10/02)

**FILED**