

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90051 018 ***150.00

DOCUMENT # P94000031988

1. Entity Name

RIFE PROPERTIES, INC.

Principal Place of Business

**427 S NEW YORK AVE
WINTER PARK FL 32789**

Mailing Address

**427 S NEW YORK AVE
WINTER PARK FL 32789**

2. Principal Place of Business

427 So. New York Ave.

3. Mailing Address

427 So. New York Ave.

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-3300896

Applied For

Not Applicable

Zip
32789

Country

OrangeZip
32789

Country

Orange5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****RIFE, JOHN M JR
427 S NEW YORK AVE , Suite 204
WINTER PARK FL 32789****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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, 2002 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**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RIFE, JOHN M JR**
CITY-ST-ZIP **427 S NEW YORK AVE , Suite 204
WINTER PARK FL 32789**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02 407-628-1230

Date

Daytime Phone #

CP2E034 (9/01)