

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90046 026 ***150.00

DOCUMENT # P95000076137

1. Entity Name
RTTKN DEVELOPERS, INC.

Principal Place of Business 1700 WELLS ROAD SUITE 5 ORANGE PARK FL 32073	Mailing Address 1700 WELLS ROAD SUITE 5 ORANGE PARK FL 32073-2373
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3337666	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SANTORO, THOMAS C
1700 WELLS ROAD
SUITE 5
ORANGE PARK FL 32073

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 _____ (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, 2000 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	P	<input type="checkbox"/> Delete
NAME	DOWDY, ROY	
STREET ADDRESS	1700 WELLS ROAD, SUITE 5	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	V	<input type="checkbox"/> Delete
NAME	KNOTT, TONY	
STREET ADDRESS	1700 WELLS ROAD, SUITE 5	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANTORO, THOMAS C	
STREET ADDRESS	1700 WELLS ROAD, SUITE 5	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	T	<input type="checkbox"/> Delete
NAME	KRINER, KEN	
STREET ADDRESS	1700 WELLS ROAD, SUITE 5	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, NATHAN	
STREET ADDRESS	1700 WELLS ROAD	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: Roy M. Dowdy 2/7/2000 904 276 2615
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/99)