

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **p96000053108**

1. Entity Name

**RICK'S B.P., Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**379 US Hwy. 98**

Suite, Apt. #, etc.

3. Mailing Address

**PO Box 271**

Suite, Apt. #, etc.

City & State

**Eastpoint, FL**

Zip

**32328**

Country

**USA**

City & State

**Eastpoint, FL**

Zip

**32328**

Country

**USA**

4. FEI Number

**59-3388271**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**FILED**

**03 OCT 13 AM 8:42**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Donna Hathcock**

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

**106 Las Brisas Way**

City

**Eastpoint**

FL

Zip Code

**32328**

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

**Donna Hathcock**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**10/7/03**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **President**  
NAME **Donna Hathcock**  
STREET ADDRESS **106 Las Brisas Way**  
CITY-ST-ZIP **Eastpoint, FL 32328**

TITLE **Vice President**  
NAME **Ricky W. Hathcock**  
STREET ADDRESS **106 Las Brisas Way**  
CITY-ST-ZIP **Eastpoint**

TITLE **Secretary**  
NAME **Tina M. Barber**  
STREET ADDRESS **27 Shuler Ave.**  
CITY-ST-ZIP **Eastpoint, FL 32328**

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**10/17/03--01069--009 \*\*35.00**

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**10/17/03--01069--010 \*\*26.25**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Donna Hathcock**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/7/03**

Date

Daytime Phone #

**8506705444**

CR2E034B (12/02)