

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000088098

FILED  
Jan 16, 2002 8:00 AM  
Secretary of State

Entity Name: ROTTEN RALPH, INC.

## Current Principal Place of Business:

902 BAY BLVD., SOUTH  
ANNA MARIA, FL 34216

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 2239  
ANNA MARIA, FL 34216

## New Mailing Address:

FEI Number: 65-0712942

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUSSELL, RALPH R  
902 BAY BLVD., SOUTH  
ANNA MARIA, FL 34216

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RUSSELL, DOREEN M  
Address: P.O. BOX 2239 N/A  
City-St-Zip: ANNA MARIA, FL 34216

Title: TD ( ) Delete  
Name: RUSSELL, RALPH R  
Address: P.O. BOX 2239 N/A  
City-St-Zip: ANNA MARIA, FL 34216

Title: SD ( ) Delete  
Name: RUSSELL, PAUL J  
Address: P.O. BOX 2239 N/A  
City-St-Zip: ANNA MARIA, FL 34216

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH R. RUSSELL

TD

01/16/2002

Electronic Signature of Signing Officer or Director

Date