

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90212 029 ***150.00

DOCUMENT # P97000030145

1. Entity Name

RIGDON, MCKERMAN, ALEXANDER, GERJEL & RIGDON, P.

Principal Place of Business

**840 N. COCOA BLVD.
 SUITE A
 COCOA FL**

Mailing Address

**840 N. COCOA BLVD.
 SUITE A
 COCOA FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3440039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIGDON, H. A JR.
 840 N. COCOA BLVD.
 SUITE A
 COCOA FL**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **RIGDON, H. A JR.**
 STREET ADDRESS **3831 RIVER HOLLOW COURT**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **MUCKERMAN, CHRISTOPHER A**
 STREET ADDRESS **551 INVERNESS AVENUE**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **ALEXANDER, KURT E**
 STREET ADDRESS **20812 MELVILLE STREET**
 CITY-ST-ZIP **ORLANDO FL 32833**

TITLE ☒ Change ☐ Addition
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **2414 Point O'Wood**
 CITY-ST-ZIP **Oviedo, FL 32765**

TITLE **D** ☐ Delete
 NAME **RIGDON, KENDALL B**
 STREET ADDRESS **240 BAHAMA DRIVE**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☒ Change ☐ Addition
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **4040 Libbey Court**
 CITY-ST-ZIP **Merritt Island, FL 32952**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)