

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

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90190 038 \*\*\*150.00

**DOCUMENT #** P97000060836

1. Entity Name  
R. TEE'S, INC. ✓

**DO NOT WRITE IN THIS SPACE**

90089311

2. Principal Place of Business 2199 BERKLEY WAR Suite, Apt. #, etc.	3. Mailing Address 2775 W. 17TH STREET Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State LEHIGH ACRES, FL	City & State ERIE, PA	4. FEI Number 23-2913221	Applied For Not Applicable
Zip 33971	Country U.S.A.	Zip 16505	Country U.S.A.

**DO NOT WRITE IN THIS SPACE**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT THOMA, RICHARD A. 15881 GREY FRIARS CT FORT MYERS, FL, 39912	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

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: Richard A. Thoma 4-11-03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #