

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091436

Entity Name

RITCHIES AUTO TRANSIT, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90020 041 ***158.75

Principal Place of Business Mailing Address
3964 NW 39th Avenue, 3964 NW 39th Avenue,
Lauderdale, FL 33309 Lauderdale, FL 33309

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

4. FEI Number Applied For
65-0789839 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RITCHIE, LEVINGSTON
3964 NW 39th Avenue
Lauderdale, FL 33309

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Levingston Ritchie, 04/28/00
Signature, typed or printed name of registered agent and title if applicable (OFFICER Registered Agent signature required when registering) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
ADDRESS	ST-ZIP	TITLE	NAME
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	ST-ZIP	TITLE	NAME
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	ST-ZIP	TITLE	NAME
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	ST-ZIP	TITLE	NAME
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Levingston Ritchie, 04/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Name #

CR2E034 (9/99)