2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000101364 DOCUMENT

1. Entity Name
R.I ASSOCIATES AND R & W ELECTRONICS INC



FILED
May 06, 2003 8:00 am Secretary of State
05-06-2003 90021 035 ***150.00

, No A000	OINTEG AND A & W LLLO	THOMES INC.						
Principal Place 185 S. COLLI D-202	e of Business ER BLVD	Mailing Address 1273 N. CHURCH ST. MOORESTOWN NJ 08057		· 				
MARCO ISLAI	ND FL-34145	· · · · · · · · · · · · · · · · · · ·						
2. Principal F	lace of Business	3. Mailing Address				8581 (1881) WOIDT 16889 (1)		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0797632 Applied Fo		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	□ \$8.75 A	dditional	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Regis			
PERROTTI, RICHARD				Name				
	DLLIER BLVD D202		Street A	ddress (F	P.O. Box Number is Not Acceptable)			
	SLAND FL 34145	•						
			City			FL Zip Co	ode	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office o	r registere	red agent, or both, in the State of Florida	a. I am familiar with	n, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if analicable (NOTE:	Registered Agent signa	uro raquiran	tubos seisetatina)	· DATE		
	ILE NOW!!! FEE IS \$150.00	and man appropria	nogistered Agent argin		THE IT TO IT		-	
After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	f State			Election Campaign Finance Trust Fund Contribution.		00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTORS	11.	····	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERROTTI, RICHARD 185 S COLLIER MARCO ISLAND FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ا و معنود و محمد المعتمد المعت	□ Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP		The second secon	· · · · T Change	Addition 2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		***************************************	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, r	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #