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Apr 23, 2003 8:00 am 
Secretary of State

04-23-2003 90293 038 \*\*\*150.00

**2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** 

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DOC	UMENT	#	P970	0001	02323

1. Entity Name

THE RITESCREEN COMPANY, INC.



Bit N HERCUES AVE CLEARWATER FL 3376S  CLEARWATER FL 3376S  CLEARWATER FL 3376S  Suite, Apt. 4, occ.   Suite, Apt. 4 etc.   Check HERE If MAKING CHANGES  Suite, Apt. 4, occ.   Suite, Apt. 4 etc.   Check HERE If MAKING CHANGES  City & State						600 W	ETRA								
Suite, Apt. #. etc.   CHECK HERE IF MAKING CHANGES	Principal Place of Business 861 N HERCULES AVE CLEARWATER FL 33765		861	N HERCULES AVE											
City & State  City & State  City & State  City & State  Country  Zp  Country  Zp  Country  Zp  Country  Zp  Country  Zp  Country  Sp-3480611  Applied for Net	2. Principal P	Place of Business	3. Ma	ailing Address									) 19 <b>9</b> 9) <b>33</b> 9	18 11988 1111 <b>0</b>	
September   Sept	Suite, Apt.	#, etc.	Sui	ite, Apt. #, etc.						] CHE	CK HER	RE IF M	AKING (	CHANGES	
Zip Country Zip Country S, Certificate of Status Desired S, 2,75 Additional Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.C. Box Number is Not Acceptable)  Live City FLL 210 Code  City FLL 210 Code  City FLL 210 Code  The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Poricia. I am familiar with, and accept the change of registered agent, or both, in the State of Poricia. I am familiar with, and accept the change of registered agent, or both, in the State of Poricia. I am familiar with, and accept the change of registered agent, or both, in the State of Poricia. I am familiar with, and accept the change of registered agent, or both, in the State of Poricia. I am familiar with, and accept the change of registered agent, or both, in the State of Poricia. I am familiar with, and accept t	City & State		Cit	City & State			4. FE	i Number	59-3	48051	1				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  FL  Zip Code  Code  City  FL  Zip Code  City  FL  Zip Code  Code  City  FL  Zip Code  Code  City  FL  Zip Code  Code  Code  City  FL  Zip Code  Co	Zip	Country Zip		· · · · · · · · · · · · · · · · · · ·	Country		-	<b>5.</b> Ce	rtificate of	Status	Desired	4 E		<b>8.75</b> Ad	ditional
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  FL  Zip Code  Code  City  FL  Zip Code  City  FL  Zip Code  Code  City  FL  Zip Code  Code  City  FL  Zip Code  Code  Code  City  FL  Zip Code  Co		6. Name and Ad	dress of Current Register	red Agent	-			7 Na	me and A	ddress	of New	Regist	ered Ac	lent	
Stroot Address (P.C. Box Number is Not Acceptable)    Stroot Address (P.C. Box Number is Not Acceptable)	C T COPE		<u></u>		-	Name			4,14	•		<u> </u>			
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   File   NOW!!!   FEE   IS \$150.00					Street A	ddress (P	O. Box	Number i	s Not A	cceptat	ble)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu	PLANTATIO	ON FL 33324													
THE ODIGRATIONS of registered agent and ride if application.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  TO. OFFICERS AND DIRECTORS  TITLE  BY  BITHER SARAH W  STREET ADDRESS  CITY-ST-2P  CLEARWATER FL 33765  CITY-ST-2P  CLE						City					/n		FL	Zip Coo	e
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Chack Payable to Florida Department of State  10.				pose of changing its	egistere	ed office o	r registere	d agen	t, or both,	in the	State of	Florida.	I am fa	miliar with,	and accept
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed or printed n	eme of registered agent and title it ap	oplicable. (NOTE:	Registere	d Agent signat	ure required v	when reins	tating)				OATE		
After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Florida Department of State  10.				<b>1</b>											
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

11/03

Daytime Phone #