

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90285 034 \*\*\*550.00

0119673 AV

**DOCUMENT # P97000108421**

1. Entity Name  
**RICK & BRENDA RICKETTS CORP.**



Principal Place of Business  
**18485 U.S. 19 NORTH  
CLEARWATER FL**

Mailing Address  
**4710 RIDGE VIEW RD  
PALM HARBOR FL 34684  
US**

2. Principal Place of Business  
**4710 Ridge View Rd**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**PAIM HARBOR**

City & State  
Suite, Apt. #, etc.

Zip  
**34684**

Country  
**USA**

4. FEI Number **59-3485708**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KADYK, D J  
100 N. TAMPA STREET  
SUITE 2120  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name  
**DOLAN RICKETS**

Street Address (P.O. Box Number is Not Acceptable)  
**4710 Ridge View Rd**

City  
**PAIM HARBOR**

FL Zip Code  
**34684**

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 **DOLAN RICKETS** *Dolan Ricketts*

(NOTE: Registered Agent signature required when reinstating)

DATE **8-10-03**

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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	<b>DP RICKETTS, DOLAN W 18485 U.S. 19 NORTH CLEARWATER FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SDVT RICKETTS, BRENDA L 18485 U.S. 19 NORTH CLEARWATER FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ~~SIGNATURE REQUIRED~~ **Brenda Ricketts**

DATE: **8-10-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)