

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90083 016 ***150.00

DOCUMENT # P98000010089

1. Entity Name
RAWHIDE RIDERS, INC.

Principal Place of Business
~~425 WORTH AVENUE STE. 202~~
PALM BEACH FL 33480

Mailing Address
~~PAUL RAMPPELL, ESQ.~~
~~425 WORTH AVENUE STE. 202~~
PALM BEACH FL 33480



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
50 COCONUT ROW, SUITE 220

3. Mailing Address
50 COCONUT ROW

Suite, Apt. #, etc.
SUITE 220

Suite, Apt. #, etc.
SUITE 220

City & State
PALM BEACH, FL

City & State
PALM BEACH, FL

4. FEI Number
65-0815159

Applied For
 Not Applicable

Zip
33480

Country
USA

Zip
33480

Country
USA

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

6. Name and Address of Current Registered Agent

RAMPPELL, PAUL
~~425 WORTH AVENUE STE. 202~~ **50 COCONUT ROW**
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name
RAMPPELL, PAUL
 Street Address (P.O. Box Number is Not Acceptable)
50 COCONUT ROW, SUITE 220
 City
PALM BEACH FL 33480

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.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12 APR 2002

9. 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, 2002 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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAMPPELL, PAUL 425 WORTH AVENUE STE. 202 PALM BEACH FL 33480	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50 COCONUT ROW, SUITE 220
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

13. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 APR 2002 561 833-1116

Date

Daytime Phone #

CR2E034 (9/01)