

FILED
Apr 28, 2002 8:00 am
Secretary of State

03-26-2002 90096 036 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010689
1. Entity Name

J. Riggins & Associates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 3339 Briarwood Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Safety Harbor, FL

City & State

4. FEI Number 51-3492676

Applied For

Not Applicable

Zip 34695

Country
 USA

Zip

Country

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

7. Name and Address of Current Registered Agent

Name Riggins, Gerald P.

Street Address (P.O. Box Number is Not Acceptable)

3339 Briarwood Circle

City

Safety Harbor

FL

Zip Code 34695

DO NOT WRITE IN THIS SPACE

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 reconstituting)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

President
 Riggins, Gerald P.
 3339 Briarwood Circle, Safety Harbor, FL 34695

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)