

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2003 8:00 am
Secretary of State

5/2/2

05-02-2003 90257 048 ***150.00

DOCUMENT # P98000017824

1. Entity Name
PUTTIN ON A RITZ WALLCOVERING, INC.



Principal Place of Business
**3571 13TH AVE SW
NAPLES FL 34117**

Mailing Address
**3571 13TH AVE SW
NAPLES FL 34117**

55047504

2. Principal Place of Business

**34770 ORCHID PKY
Suite, Apt. #, etc. ORCHID PKY**

3. Mailing Address

**P.O. Box 906
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State

RIDGE MANOR FL

City & State

LACOCHEE FL

4. FEI Number

59-3550895

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RITZ, RONALD H
3571 13TH AVE SW
NAPLES FL 34117**

Name **RONALD H. RITZ**

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

34770 ORCHID PARKWAY

City **RIDGE MANOR**

FL

Zip Code

33523

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

Ronald H. Ritz

RONALD H. RITZ

4/28/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **RITZ, RONALD H**
STREET ADDRESS **3571 -13TH AVE S.W.**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **RITZ, RONALD H**
STREET ADDRESS **P.O. Box 906**
CITY-ST-ZIP **LACOCHEE FL 33537**

TITLE **VP** ☐ Delete
NAME **RITZ, JOANNE**
STREET ADDRESS **3571 -13TH AVE S.W.**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **RITZ, JOANNE**
STREET ADDRESS **P.O. Box 906**
CITY-ST-ZIP **LACOCHEE FL 33537**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joanne Ritz **REQUIRES JOANNE RITZ** **4/28/03**

239-455-9444
239-860-4319 Cell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **352-583-4387**

CR2E034 (10/02)