

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019514

1. Entity Name
RICLIN, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90121 031 ***150.00

Principal Place of Business
4760 S.E. GLENRIDGE TERRACE
STUART FL 34997

Mailing Address
4760 S.E. GLENRIDGE TERRACE
STUART FL 34997

2. Principal Place of Business
1537 SE PITCHER RD.
Suite, Apt. #, etc.

3. Mailing Address
1537 SE PITCHER ROAD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PORT ST LUCIE FL
Zip
34952
Country
USA

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PORT ST. LUCIE FL
Zip
34952
Country
USA

4. FEI Number 65-0817152
Applied For
Not Applicable

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

FRASER, RICHARD S
4760 S.E. GLENRIDGE TERRACE
STUART FL 34997

Name
FRASER, SCOTT G.
Street Address (P.O. Box Number is Not Acceptable)
1537 SE PITCHER ROAD
City
PORT ST LUCIE FL Zip Code
34952

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

4/20/01
DATE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FRASER, RICHARD S 4760 S.E. GLENRIDGE TERRACE STUART FL 34997	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FRASER, LINDA M 4760 S.E. GLENRIDGE TERRACE STUART FL 34997	<input checked="" 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	PSD FRASER, SCOTT G. 1537 SE PITCHER ROAD PORT ST LUCIE FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FRASER, NICOLE R. 1537 SE PITCHER ROAD PORT ST LUCIE FL 34952	<input type="checkbox"/> Change <input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 501-337-7065
Date Daytime Phone #

CR2E034 (10/00)