

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # 998000060439

1. Entity Name

Ditore, Ruibal & Associates, Inc.

02 NOV 12 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02
600008968156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

135 Second Ave N.

3. Mailing Address

P.O. Box 24668

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

City & State

Jacksonville Beach

City & State

Jacksonville Beach FL

4. FEI Number

59-3518076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

FL 32250

Country

US

Zip

32241

Country

US

11/13/02 01860 038 PACK #750.00

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Debra Barrows

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

230 Hickory Hollow Dr. S.

City

Jacksonville

FL

Zip Code

32225

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

Debra Barrows

DEBRA BARRROWS

11/6/02

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

(NOTE: Registered Agent signature required when reinstating)

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
Alex Ruibal
69 Quail Drive
Jacksonville Beach, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Debra Barrows
230 Hickory Hollow Dr. S.
Jacksonville, FL 32225

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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:

Debra Barrows

DEBRA BARRROWS-V-P

Date

11/6/02

Daytime Phone #

904 249-2411

CR2E034B (12/01)