

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90058 020 ***158.75

0490953 AV

DOCUMENT # **P98000071129**

1. Entity Name
RITTER PEN CORPORATION

Principal Place of Business 5770 ENTERPRISE PARKWAY FORT MYERS FL 33905	Mailing Address 5770 ENTERPRISE PARKWAY FORT MYERS FL 33905
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2. Principal Place of Business 5891 COUNTRY LAKES DR Suite, Apt. #, etc.	3. Mailing Address 5891 COUNTRY LAKES DR Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State FORT MYERS, FL	City & State FORT MYERS, FL	4. FEI Number 65-0858566	Applied For <input type="checkbox"/> Not Applicable
Zip 33905	Country USA	Zip 33905	Country USA
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent
**GALBREATH, PAMELA
 5770 ENTERPRISE PARKWAY
 FORT MYERS FL 33905**

7. Name and Address of New Registered Agent
 Name **PAMELA GALBREATH**
 Street Address (P.O. Box Number is Not Acceptable)
5891 COUNTRY LAKES DR
FT. MYERS FL Zip 33905

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 *Pamela Galbreath* **VICE PRESIDENT** **3/28/02**
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RITTER, ARNO HEINZ 5770 ENTERPRISE PARKWAY FORT MYERS FL 33905 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALBREATH, PAMELA 5770 ENTERPRISE PARKWAY FORT MYERS FL 33905 <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 5891 COUNTRY LAKES DR FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5891 COUNTRY LAKES DR FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Pamela Galbreath* **3/28/02** **(941) 694-5662**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)