

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90029 045 ***150.00

DOCUMENT # P99000012938
1. Entity Name
RITTMANN - CAMEOS CORP.

Principal Place of Business
719 GRANT AVE
LEHIGH ACRES FL 33972

Mailing Address
P O BOX 279
BONITA SPRINGS FL 34133

2. Principal Place of Business
719 Grant Ave

3. Mailing Address
719 GRANT AVE

Suite, Apt. #, etc.
LEHIGH ACRES, FL

City & State
LEHIGH ACRES, FL

Zip
33972

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0902662** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
AMBURN, JAMES W
28000 SPANISH WELLS BLVD
STE 220
BONITA SPRINGS FL 34133

7. Name and Address of New Registered Agent
SSI ACCOUNTING + TAX SERVICE, INC.
1500 COLONIAL BLVD
SUITE 235
FORT MYERS FL 33907

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 *Walter Soler* **Prs.** **4.25.02**
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)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RITTMANN, THOMAS 719 GRANT AVE LEHIGH ACRES FL 33972	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. T.S. THOMAS RITTMANN 719 GRANT AVE LEHIGH ACRES, FL 33972
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Walter Soler* **SIGNATURE REQUIRED** **4.25.02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)