

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90216 037 \*\*\*150.00

0698367  
FP

**DOCUMENT # P99000048254**

1. Entity Name  
**WALTER A. RIDDLE, INC.**



Principal Place of Business  
702 WEST MARTIN LUTHER KING BOULEVARD  
PLANT CITY FL 33566

Mailing Address  
702 WEST MARTIN LUTHER KING BOULEVARD  
PLANT CITY FL 33566



2. Principal Place of Business  
**101 S. HOWARD ST.**

3. Mailing Address  
**101 S. HOWARD ST.**

Suite, Apt. #, etc.  
**SUITE 11**

CHECK HERE IF MAKING CHANGES

City & State  
**PLANT CITY FL**

City & State  
**PLANT CITY**

Zip  
**33563**

Country  
**HILLSBOROUGH**

4. FEI Number **59-3579113**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**RIDDLE, WALTER**  
**702 W M L KING BLVD**  
**PLANT CITY FL 33566**

7. Name and Address of New Registered Agent  
Name  
**RIDDLE, WALTER**  
Street Address (P.O. Box Number is Not Acceptable)  
**101 S. HOWARD ST.**  
**SUITE 11**  
City **PLANT CITY** FL Zip Code **33563**

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 *Walter A. Riddle* DATE 4/30/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD RIDDLE, WALTER A 702 WEST MARTIN LUTHER KING BOULEVARD PLANT CITY FL 33566</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD RIDDLE, WALTER A. 101 S. HOWARD ST SUITE 11 PLANT CITY, FL 33563</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Walter A. Riddle* DATE 4/30/03 DAYTIME PHONE # 813-759-1136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)