

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048295

1. Entity Name
MARSHALL RITCHIE INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 12:32

Principal Place of Business
6566 PATRICIA DR
WPB, FL 33413

Mailing Address
PO BOX 17366
WPB, FL 33416

2. Principal Place of Business
6566 PATRICIA DR
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 17366
Suite, Apt. #, etc.

City & State
WPB, FL

City & State
WPB, FL 33

Zip
33413

Country
USA

Zip
33416

Country
USA

4. FEI Number ☒ Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BETH NIEBER
6566 PATRICIA DR
WPB, FL 33413

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *Beth Nieber*
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, 2000 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

<p><input type="checkbox"/> Delete</p> <p>PRESIDENT-VP-TREAS-SEC BETH NIEBER 6566 PATRICIA DR WPB, FL 33413</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>800003440168--9 -10/26/00-01044-015 ****158.75 ****158.75</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
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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: *Beth Nieber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

101300 (50) 689-6930
Date Daytime Phone #

CR2E034 (9/99)

October 13, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Michelle Milligan

Re: Ref Number P99000048295

Dear Ms. Milligan:

As per our telephone conversation, enclosed please find my Annual Report for MARSHALL RITCHIE, INC. And my check in the amount of \$150.00 for the Annual Fee.

The Annual Report is late due to the fact that the State of Florida had the wrong address on file and I have made sure to correct all information. As per our conversation, please send notification that this letter is sufficient enough to have MARSHALL RITCHIE INC reinstated as an active Florida Corporation.

Thank you for all you help.

Respectfully,

A handwritten signature in black ink, appearing to read 'Beth Heiber', with a long horizontal flourish extending to the right.

Beth Heiber
President
MARSHALL RETCH IN
PO BOX 17366
WEST PALM BEACH, FLORIDA 33416
(561) 964-1799 or (561) 689-7430 fax
Wolftows@bellsouth.net