

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90179 049 ***150.00

904011



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000048387

1. Entity Name
GARRITT INC.

Principal Place of Business 119-108 AVE., SUITE 181 TREASURE ISLAND FL 33706	Mailing Address 119-108 AVE., SUITE 181 TREASURE ISLAND FL 33706
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2. Principal Place of Business 2027 43 ST S Suite, Apt. #, etc.	3. Mailing Address P.O. Box 531182 Suite, Apt. #, etc.
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City & State ST PETERSBURG FL	City & State ST PETERSBURG FL	4. FEI Number 59-3578569	Applied For Not Applicable
Zip 33711	Country	Zip 33747	Country

6. Name and Address of Current Registered Agent
RITTER, KATHERINE D
9931 - LAKE SEMINOLE DR., WEST
SEMINOLE FL 33773

7. Name and Address of New Registered Agent

Name **KATHERINE D. RITTER**

Street Address (P.O. Box Number is Not Acceptable)
2027 43 ST S

City **ST PETERSBURG** FL Zip Code **33711**

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 *Katherine D. Ritter* DATE **4-28-00**

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

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	
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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: *Katherine D. Ritter* **KATHERINE D. RITTER** **4/28/00** **727-327-5552**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF 012 00001