

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048387

1. Entity Name

GARRITT INC.

Principal Place of Business

2027 43 ST S
SAINT PETERSBURG FL 33711

Mailing Address

P O BOX 531182
ST PETERSBURG FL 33747

2. Principal Place of Business

11437 88 TERR

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 4852

Suite, Apt. #, etc.

City & State

SEMINOLE FL

City & State

SEMINOLE FL

Zip

33772

Country

USA

Zip

33775

Country

USA

4. FEI Number

59-3578569

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RITTER, KATHERINE D
2027 43 ST S
SAINT PETERSBURG FL 33711

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11437 88 TERR

City

SEMINOLE

FL

Zip Code

33772

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, KATHERINE D. RITTER

4/10/01

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, 2001 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

TITLE P
NAME RITTER, KATHERINE D
STREET ADDRESS 2027 43 ST S
CITY-ST-ZIP SAINT PETERSBURG FL 33711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME RITTER, KATHERINE D. ☒ Change ☐ Addition
STREET ADDRESS 11437 88 TERR
CITY-ST-ZIP SEMINOLE FL 33772

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Katherine D. Ritter*, KATHERINE D. RITTER, PRES 4/10/01 727-398-1206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0627142

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE