

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

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90364 041 ***150.00

DOCUMENT # 990000064015 ✓

1. Entity Name

RIGASU INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

WEST Palm Beach FL.

3. Mailing Address

P.O. Box 986

Suite, Apt. #, etc.

444 BUNKER RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

W.P.B FL.

City & State

LAKE WOOD FL

FEI Number

65-0989764

Applied For

Not Applicable

Zip

33405

Country

Palm Beach

Zip

33460

Country

Palm Beach

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

RICHARD SHEPHERD

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

PO BOX 444 BUNKER RD.

City

WEST Palm Beach FL

Zip Code

33405

**DO NOT WRITE
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. ~~11.10000~~ OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
RICHARD C. SHEPHERD
444 BUNKER RD
WEST Palm Beach 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
SUSAN ALLEN SHEPHERD
11 CENTRAL AVE
NEWTON MASS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
GAIL PAIGE SHEPHERD
802 B. ST. N.
LAKE WOOD FL 33460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
RICHARD C. SHEPHERD
444 BUNKER RD
WEST Palm Beach 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)