

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064482

1. Entity Name

THE RIGGING ROOM, INC.

APPROVED
AND
FILED

00 MAY -8 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

400 WEST AIRPORT DRIVE
SEBASTIAN FL 32958

400 WEST AIRPORT DRIVE
SEBASTIAN FL 32958-3926

2. Principal Place of Business

4439 SKYDIVE LANE

3. Mailing Address

4439 SkyDive Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS FL

City & State

Zephyrhills, FL

Zip

Country

33540

Zip

Country

33540

4. FEI Number

65-0941310

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKER, THOMAS J
400 WEST AIRPORT DRIVE
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name

THOMAS PARKER

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

4439 SKYDIVE LANE

Zephyrhills FL

City

FL

Zip Code

33540

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)

☐

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


TITLE	D/V P	<input type="checkbox"/> Delete
NAME	PARKER, THOMAS J	
STREET ADDRESS	400 WEST AIRPORT DRIVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marcus Price	
STREET ADDRESS	5121 8th St.	
CITY-ST-ZIP	Zephyrhills, FL 33540	
TITLE	Corporate Secretary / O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emily Schmidmann	
STREET ADDRESS	12 Ann St	
CITY-ST-ZIP	Selden NY 11784	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

 REQUIRED PARKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 February 2000 561 3851804
Date Daytime Phone #

CR2E034 (9/99)