

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90257 036 \*\*\*150.00

0532095 AV

**DOCUMENT # P99000065132**

1. Entity Name  
**JRT RILEY, INC.**



Principal Place of Business

~~705 ST. ANDREWS BLVD.~~

~~NAPLES FL 34113~~

**5479 SE 35th LOOP**  
**Ocala, FL 34472 34471**

Mailing Address

**1000 9TH ST NORTH**

**SUITE 502**

**NAPLES FL 34102**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1001326**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, ANNIE A**

~~705 ST. ANDREWS BLVD.~~

~~NAPLES FL 34113~~

Name

**Max A. Holcher, CPA**

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

**1000 9th St. N, Ste 502**

City

**Naples**

**FL**

Zip Code

**34103**

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. I am familiar with, and accept the obligations of the registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	<b>BROWN, ANNIE A</b>
STREET ADDRESS	<b>705 ST. ANDREWS BLVD.</b>
CITY-ST-ZIP	<b>NAPLES FL 34113</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>BROWN, C. MITCH</b>
STREET ADDRESS	<b>705 ST. ANDREWS BLVD.</b>
CITY-ST-ZIP	<b>NAPLES FL 34113</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>HOLCHER, MAX A</b>
STREET ADDRESS	<b>1000 9 STREET NORTH SUITE 502</b>
CITY-ST-ZIP	<b>NAPLES FL 34102</b>
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
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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, 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

**3-18-03**

Date

**352-694-5094**

Daytime Phone #

CR2E034 (10/02)