FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 10, 2002 8:00 am P99000105474 DOCUMENT # **Secretary of State** 1. Entity Name 02-10-2002 90046 033 ***150.00 RITTER'S CRITTERS INC. Principal Place of Business Mailing Address 726 WEST AVENUE 726 WEST AVENUE COCOA FL 32927 COCOA FL 32927 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3613240 Not Applicable Country \$8.75 Additional Zip Country \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RITTER, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 726 WEST AVENUE COCOA FL 32927_____ Zip Code City Ff 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Taxfiling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE RUTER, PATRICIA NAME NAME 726 WESTAVE 736 WEST AVE STREET ADDRESS STREET ADDRESS COCOA FL 32927 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME RITTER, DONALD STREET ADORESS STREET ADDRESS 726 WEST AVE CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32927 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZĪP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECT

changed, or on an attachma

nt with an address, with all other like empowered

1-21-02

321-634-5588