

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90096 002 ***150.00

DOCUMENT # S40936

1. Entity Name

LOUIS H. RITTER & ASSOCIATES, INC.

Principal Place of Business

**POST OFFICE BOX 10243
TALLAHASSEE FL 32302**

Mailing Address

**POST OFFICE BOX 10243
TALLAHASSEE FL 32302**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3228529

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

**RITTER, LOUIS H
150 SOUTH MONROE STREET
SUITE 305
TALLAHASSEE FL 32301**

Name

RITTER, LOUIS H.

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

985 PALM VALLEY ROAD

City

PONTE VEDRA BEACH,

FL

Zip Code

32082

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

Louis H. Ritter

LOUIS H. RITTER PD

4-27-02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **RITTER, LOUIS H**
STREET ADDRESS **150 SOUTH MONROE STREET, STE 305**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **PD** ☒ Change ☐ Addition
NAME **RITTER, LOUIS H.** Address
STREET ADDRESS **985 PALM VALLEY ROAD**
CITY-ST-ZIP **PONTE VEDRA BEACH, FLA 32082**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Louis H. Ritter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-02

Date

904/285-7501

Daytime Phone #

CR2E034 (9/01)