

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90095 049 ***150.00

DOCUMENT # S42100

1. Entity Name

RI DISPOSITION, INC.

Principal Place of Business

Mailing Address

**2371 COVINGTON CREEK DRIVE WEST
JACKSONVILLE FL 32224**

**2371 COVINGTON CREEK DRIVE WEST
JACKSONVILLE FL 32224**

2. Principal Place of Business

3. Mailing Address

119 MURPHY'S COVE

119 MURPHY'S COVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

E. PALATKA, FL

E. PALATKA, FL

Zip

Country

Zip

Country

32131

USA

32131

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARNELL, RONALD E

~~**2371 COVINGTON CREEK DRIVE WEST
JACKSONVILLE FL 32224**~~

Name

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

119 MURPHY'S COVE

City

E. PALATKA

FL

Zip Code

32131

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

Ronald E Farnell **RONALD E. FARNELL**

2-12-01

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, 2001 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 ☐ Delete
NAME **DPT**
STREET ADDRESS **FARNELL, RONALD E**
CITY-ST-ZIP ~~**2371 COVINGTON CREEK DR. W.
JACKSONVILLE FL 32224**~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **119 MURPHY'S COVE**
CITY-ST-ZIP **E. PALATKA, FL 32131**

TITLE ☐ Delete
NAME **DVS**
STREET ADDRESS **TUTEN, JAMES DANIEL**
CITY-ST-ZIP **4613 PHILIPS HWY, STE. 204
JACKSONVILLE FL 32207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Ronald E Farnell **RONALD E. FARNELL**

Date

Daytime Phone #

904

325-0075

CR2E034 (10/00)

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