

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-08-2002 90003 043 ***150.00

DOCUMENT # 588940 ✓
1. Entity Name
RITA Prince Inc.

87049

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1759 MEDIA AVE
Suite, Apt. #, etc.

3. Mailing Address
1759 N.E. MEDIA AVE.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jensen Beach FL.

City & State
JENSEN BEACH FL.

Zip
34957 Country
USA

Zip
34957 Country
USA

4. FEI Number Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
RITA Prince

Street Address (P.O. Box Number is Not Acceptable)
1759 N.E. MEDIA AVE

City
JENSEN BEACH FL Zip Code
34957

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 RITA Prince DATE 4-24-02
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 tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>RITA S. Prince</u> <u>1759 N.E. MEDIA AVE.</u> <u>Jensen Bch FL 34957</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President / sec</u> <u>KATHY DANIEL</u> <u>185 WIKAT SCHOOL RD</u> <u>SALVISA Ky 45372</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: RITA Prince DATE 4-24-02 DAYTIME PHONE # 872-225-6164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR