

5/8/

**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 # **588946** ✓1. Entity Name
RITA Prince Inc.

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

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when resigning)

4-24-02

DATE

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	PRESIDENT
NAME	RITA S. Prince
STREET ADDRESS	1759 N.E. MEDIA AVE.
CITY-ST-ZIP	Jensen Beach FL 34957

TITLE	Vice President / Sec
NAME	KATHY DANIEL
STREET ADDRESS	185 WILKAT SCHOOL RD
CITY-ST-ZIP	SAFVISA Ky 45372

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-24-02**
Date**872-225-6164**
Daytime Phone #

CR2E034B (12/01)