

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State

06-13-2002 90383 016 ***550.00

DOCUMENT # V13418

1. Entity Name

WILLIAM JOSEPH RITCHIE, ATTORNEY AND COUNSELOR A T LAW, P.A.

Principal Place of Business

**151 MARY ESTHER BLVD
 STE 505
 MARY ESTHER FL 32569
 US**

Mailing Address

**151 MARY ESTHER BLVD
 STE 505
 MARY ESTHER FL 32569
 US**

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

59-3105969

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

**RITCHIE, WILLIAM JOSEPH
 1855 SUNRISE DR
 NAVARRE FL 32566**

Name

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

2962 P.G.A. Blvd.

City

Navarre

FL

32566

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)

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 ☐ Delete
 NAME **D RITCHIE, WILLIAM JOSEPH**
 STREET ADDRESS **1855 SUNRISE DR**
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE ☐ Change ☐ Addition
 NAME **Ritchie, William Joseph**
 STREET ADDRESS **2962 P.G.A. Blvd. Navarre FL**
 CITY-ST-ZIP **32566**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **WILLIAM JOSEPH RITCHIE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-02 (P50) 664-0954

Daytime Phone #

CR2E034 (9/01)