

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90817 010 ***150.00

DOCUMENT # V43646

1. Entity Name
R & M RITTER, INC.



Principal Place of Business
**7577 LAKE WORTH RD
SUITE 45
LAKE WORTH FL 33467
US**

Mailing Address
**4524 7TH PLACE SW
VERO BEACH FL 32968
US**

2. Principal Place of Business

7577 Lake Worth Rd

3. Mailing Address

4524-7th Place SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Worth FL

VERO BEACH FL

Zip

Zip

33467

32968

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RITTER, RAYMOND L.
6115 SE BLACK OAK LN
STUART FL 34997**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
NAME **RITTER, RAYMOND L**
STREET ADDRESS **6115 S.E. BLACK OAK LANE**
CITY-ST-ZIP **STUART FL 34997**

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

TITLE **VS** ☐ Delete
NAME **RITTER, MARSHA J**
STREET ADDRESS **6115 S.E. BLACK OAK LANE**
CITY-ST-ZIP **STUART FL 34997**

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

TITLE **D** ☐ Delete
NAME **KUBALA, PAUL**
STREET ADDRESS **65 CORLAND AVE.**
CITY-ST-ZIP **KENMORE NY 14223**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Delete
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/03 561-641-9292

CR2E034 (10/02)