2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2003 8:00 am **Secretary of State** F00000000698 DOCUMENT # 01-23-2003 90098 001 ***150.00 1. Entity Name RIBBECK CONSTRUCTION, CORP. Principal Place of Business Mailing Address P.O. BOX 3732 P.O. BOX 3732 LAKE CHARLES LA 70602 LAKE CHARLES LA 70602 2. Principal Place of Business 3. Mailing Address Box P. O. BOX *5*338 Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State Applied For 72-0941490 Lake Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ush ()606 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'MEARA, BRIAN Street Address (P.O. Box Number is Not Acceptable) 1216 VIRGINIA ST KEY WEST FL 33040 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE President Addition EDWARD RIBBECK RIBBECK, EDWARD NAME NAME 3112 LANDFAIR 1511 N COVEY LANE STREET ADDRESS STREET ADDRESS LAKE CHARLES LA 70605 LAKE CHARLES LA CITY-ST-ZIP CITY-ST-7IP 70601 TITLE ☐ Delete TITLE ☐ Change ☐ Addition RIBBECK, ALICE NAME NAME 1901 23RD STREET STREET ADDRESS STREET ADDRESS LAKE CHARLES LA 70601 CITY-ST-ZIP CITY-ST-ZIP ST TITLE ☐ Delete TITLE ☐ Change ☐ Addition RIBBECK, KERRY L NAME NAME L LAND FAIR STREET ADDRESS 1511 N COVEY LANE STREET ADDRESS - CHARLES LA 70601 CITY-ST-ZIP LAKE CHARLES LA 70605 CITY-ST-ZIP ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

FILED