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## Completed Document Details

**NATIVE NAME:** RING POWER CORP

**DOC LOG ID:** 39151

**CHAZ ID:** FLR000119123

**CITY:** SARASOTA

**COUNTY:** MANATEE

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### Document Types

**Document Type**

RUOH

**Primary Type**

Y

**Discontinued On**

### Email Addresses

| Affiliation-ID | Interest Type | Email                                                                            | Native ID    | Native Name     |
|----------------|---------------|----------------------------------------------------------------------------------|--------------|-----------------|
| 312776         | HWR           | <a href="mailto:dave.strickland@ringpower.com">dave.strickland@ringpower.com</a> | FLR000119123 | Ring Power Corp |
| 446054         | UOP           | <a href="mailto:brian.brown@ringpower.com">brian.brown@ringpower.com</a>         | FLR000119123 | Ring Power Corp |

### Processes

| Document Type | Process              | Date       | Author      | Delete |
|---------------|----------------------|------------|-------------|--------|
| RUOH          | Logged               | 02/20/2018 | SIMMONS_JLS |        |
| RUOH          | Completeness Review  | 02/22/2018 | ASHWOOD_J   |        |
| RUOH          | Ready for Data Entry | 02/22/2018 | ASHWOOD_J   |        |
| RUOH          | Data Entry Completed | 02/22/2018 | SIMMONS_JLS |        |
| RUOH          | Final Review         | 02/22/2018 | ASHWOOD_J   |        |
| RUOH          | Booked into Oculus   | 02/23/2018 | THURSBY_K   |        |

### Comments

| Document Type | Date | Comment | Author |
|---------------|------|---------|--------|
|---------------|------|---------|--------|

2/23/2018

Completed Document Details

|                 |            |
|-----------------|------------|
| General Comment | 02/20/2018 |
| RUOH            | 02/22/2018 |

|                                                          |
|----------------------------------------------------------|
| Insurance form has an original signature.                |
| Received original Combined HWT/UO Insurance form - Good. |

|             |
|-------------|
| SIMMONS_JLS |
| ASHWOOD_J   |

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