2002 Uniform Business Report (UBR)

changed, or on an attachment with an address

SIGNATURE:

Mar 27, 2002 8:00 am P99000050961 DOCUMENT # **Secretary of State** 1. Entity Name 03-27-2002 90057 018 ***150.00 RICHARD RALPH VANATTA, P.A. Principal Place of Business Mailing Address 2664 SLOW FLIGHT DRIVE 2664 SLOW FLIGHT DRIVE DAYTONA BEACH FL 32124 DAYTONA BEACH FL 32124 HS HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For--City & State City & State 4. EEI Number 59-3562352 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent FOSTER, WALTER E III Street Address (P.O. Box Number is Not Acceptable) 315 S PALMETTO AVE DAYTONA BEACH FL 32114. City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 12. CR2E034 (9/01) TITLE ,± ☐ Defete TITLE VANATTA, RICHARD RALPH NAME -STREET ADDRESS 2664 SLOW FLIGHT DRIVE STREET ADDRESS 2664 Slow EliGHT DRIVE CITY - 3T - ZIP DAYTONA BEACH FL 32124 CITY-ST-ZIP TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

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SIGNATURE AND TYPED OR