

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 294648**

1. Entity Name

RICH MOTORS, INC.

Principal Place of Business

**2829 SO DIXIE
WEST PALM BEACH FL 33405**

Mailing Address

**2829 SO DIXIE
WEST PALM BEACH FLA 33405-1544**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1101529

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

Name

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

City

FL

Zip Code

**~~RICH, JAMES R.~~
1645 PALM BEACH LAKES BLVD
STE 390
WEST PALM BEACH FL 33401**

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	RICH, DONALD A	
STREET ADDRESS	2829 S DIXIE HWY	
CITY-ST-ZIP	W PALM BCH., FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RICH, JOHN P	
STREET ADDRESS	2829 S DIXIE HWY	
CITY-ST-ZIP	W PALM BCH., FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RICH, JAMES R	
STREET ADDRESS	2829 S DIXIE HWY	
CITY-ST-ZIP	W PALM BCH., FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RICH, MARTHA R	
STREET ADDRESS	2829 S DIXIE HWY	
CITY-ST-ZIP	W PALM BCH., FL 00000	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	RICH, WILLARD JR.	
STREET ADDRESS	2829 S DIXIE HWY	
CITY-ST-ZIP	W PALM BCH., FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICH, WILLARD M	
STREET ADDRESS	2829 S DIXIE HWY	
CITY-ST-ZIP	W PALM BCH., FL 00000	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 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

JOHN P. RICH**3/8/00****561-833-7585**

Date

Daytime Phone #

CR2E034 (9/99)