2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 470421

WEST PALM BEACH FL 33409

1. Entity Name RICHVILL INVESTMENT INC. Rrincipal Place of Business Mailing Address C/O ARTHUR P. VILLWOCK C/O ARTHUR P. VILLWOCK 2161 PALM BEACH LAKES BLVD #307 2161 PALM BEACH LAKES BLVD #307

WEST PALM BEACH FL 33409-6612

FILED Jan 28, 2000 8:00 am Secretary of State

01-28-2000 90148 018 ***150.00



City & State City & State City & State City & State Country Country Country Country Country Country Country Country To Country Country Country To Country To Country Country To Country To Name and Address of New Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL City The above named entity submits this statement for the purpose of changing its registered Agent signature required when renstating) City FL City City	Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address			
Zip Country Zip Country 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 VILLWOCK, ARTHUR P 2161 PALM BCH LAKES BLVD ROOM 307 WEST PALM BCH FL 33409 City FL Zip Code 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. 3NATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 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 Each Address (P.O. Box Number is Not Acceptable) 10. Election Campaign Financing Trust Fund Contribution.			Suite, Apt. #, et	c.	DO NOT WRITE IN THIS SPACE	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VILLWOCK, ARTHUR P 2161 PALM BCH LAKES BLVD ROOM 307 WEST PALM BCH FL 33409 City FL Zip Code 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. SNATURE Signature, typed or printed name of registered agent and title if applicable. Note: Registered Agent signature required when reinstating) DATE This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Fee Required Fee Required Fee Required For Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The Address (P.O. Box Number is Not Acceptable) Total Code The State of Florida. Signature, typed or printed name of registered agent and title if applicable. Name Name Name Name Name Not Address (P.O. Box Number is Not Acceptable) City FL Zip Code The State of Florida. Signature, typed or printed name of registered agent and title if applicable. Name Name Name Name Name Not Address of New Registered Agent Name Name Name Not Acceptable) Total Code Total Code State Of Rock Added to Fee State Added to Fee State Name Name Name Name Name Not Address of New Registered Agent Name Name Not Acceptable)			City & State		4. FEI Number 59-1624293	Applied For Not Applicable
VILLWOCK, ARTHUR P 2161 PALM BCH LAKES BLVD ROOM 307 WEST PALM BCH FL 33409 City FL Zip Code City FL Zip Code 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) DATE This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State	, -	Country	Zìp	Country		
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2161 PALM BCH LAKES BLVD ROOM 307 WEST PALM BCH FL 33409 City FL Zip Code 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) DATE 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 Trust Fund Contribution.	to the magnetic feet of the	and the second of the second o		Name	-	
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	Tax filing requirement and elects to do so After MAY 1, 2			Y 1, 2000 Fee will be \$550.00	Trust Fund Contribution.	\$5.00 May Be Added to Fees
OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	·	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11

TITLE Addition TITLE ☐ Delete VILLWOCK, ARTHUR P. NAME STREET ADDRESS 2161 PALM BCH LAKES BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE SCHULER, RICHARD D NAME NAME 1615 FORUM PLACE #4D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL ☐ Delete TITLE Change ■ Addition TITLE VILLWOCK, ARTHUR P NAME NAME STREET ADDRESS 2161 PALM BCH LAKES BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE IIILE-STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP