

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90109 022 ***150.00

DOCUMENT # 541842

1. Entity Name
RICH BOY'S, INC.

Principal Place of Business
2051 VILLAGE LANE
PO BOX 1552
FERNANDINA BEACH FL 32034
US

Mailing Address
PO BOX 1552
PO BOX 1552
FERNANDINA BEACH FL 32035-1552
US

944180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
641-36 Clearlake, Cocoa FL

Suite, Apt. #, etc. **32922**
PO BOX 570596

City & State
Melbourne Beach, FL

Zip **32951** Country **US**

3. Mailing Address

Suite, Apt. #, etc.
PO BOX 570596

City & State
Melbourne Beach, FL

Zip **32951** Country **US**

4. FEI Number **59-1753210**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHINDLER, RICHARD J
2051 VILLAGE LANE 205 IVORY DR
FERNANDINA BEACH FL 32034 Melbourne Bch
32957

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE *Richard J Schindler* **RICHARD J SCHINDLER** **4/17/02**
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, 2002 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

TITLE PT	<input type="checkbox"/> Delete
NAME SCHINDLER, RICHARD J	
STREET ADDRESS 2051 VILLAGE LANE	
CITY-ST-ZIP FERNANDINA BEACH FL	
TITLE S	<input type="checkbox"/> Delete
NAME SCHINDLER, ESTHER P.	
STREET ADDRESS 2051 VILLAGE LANE	
CITY-ST-ZIP FERNANDINA BEACH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 205 IVORY DR
STREET ADDRESS Melbourne Beach, FL
CITY-ST-ZIP 32951
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 205 IVORY DR
STREET ADDRESS Melbourne Beach, FL
CITY-ST-ZIP 32951
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: *Esther P Schindler* - VP **4/16/02** **321-484-9442**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)