

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**  
03-14-2001 90213 048 \*\*\*150.00

**DOCUMENT # 542321**

1. Entity Name

**RIEHLMAN, INC.**

Principal Place of Business

**449 EAST GRAVES AVE  
ORANGE CITY FL 32763  
US**

Mailing Address

**449 EAST GRAVES AVE  
ORANGE CITY FL 32763  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1756790**

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

**RIEHLMAN, ROYCE  
449 EAST GRAVES AVE  
ORANGE CITY FL 32763**

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

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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RIEHLMAN, ROYCE W.</b>	
STREET ADDRESS	<b>449 EAST GRAVES AVE</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL 32763</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> Delete
NAME	<b>RIEHLMAN, MARY ELLEN</b>	
STREET ADDRESS	<b>449 EAST GRAVES AVE</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL 32763</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Royce W. Riehlman*  
**Royce W. Riehlman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-10-01**  
Date

**386-671-1313**  
Daytime Phone #

CR2E034 (10/00)