## 2000 UNIFORM BUSINESS REPORT (UBR) Feb 07, 2000 8:00 aı **DOCUMENT # 660706 Secretary of State** 1. Entity Name 02-07-2000 90073 025 \*\*\*150.00 RICHARD LANCE, INC. Principal Place of Business Mailing Address 856 ENTRADA DR. 856 ENTRADA DR. FT. MYERS FL 33919 FT. MYERS FL 33919 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State المالكان المحاسبة 59-1990662 Not. Zip Country Zip Country \$8.75 Additiona Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRODEM, MAGNE Street Address (P.O. Box Number is Not Acceptable) 856 ENTRADA DRIVE FT. MYERS FL 33919-3212 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to : (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN OFFICERS AND DIRECTORS 12. 11. $\square$ Delete Change TITLE TITLE NAME GRODEM, RICHARD L NAME STREET ADDRESS STREET ADDRESS RT 39 7579 LAURAL VALLEY CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL ☐ Change STD ☐ Delete TITLE TITLE GRODEM, MAGNE NAME STREET ADDRESS STREET ADDRESS 856 ENTRADA DR. CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL ☐ Delete Change TITLE TITLE MCHENRY, HARRIETT A. NAME NAME STREET ADDRESS 7218 KUMQUAT RD SE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 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 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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change