## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## DOCUMENT #

660706

1. Entity Name

RICHARD LANCE, INC.



Principal Place of Business 7579 LAUREL VALLEY RD FORT MYERS FL 33912

GRODEM, MAGNE

856 ENTRADA DRIVE FT. MYERS FL 33919-3212 Mailing Address 7579 LAUREL VALLEY RD

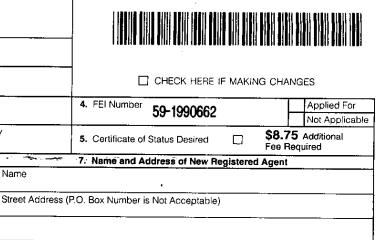
FORT MYERS FL 33912

2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent

**FILED** Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90018 013 \*\*\*150.00



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	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.	L (1)	
_	and a state of the purpose of changing its registered onice of registered agent, or doth, in the state of Florida.	ı am ramıı	iar with, and accept
	the obligations of registered agent.		
	and obligations of registroids agont.		
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Name

City

SIGNATURE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

Zip Code

10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PD GRODEM, RICHARD L RT 36 7579 LAURAL VALLEY RD FORT MYERS FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRODEM, MAGNE 856 ENTRADA DR. FORT MYERS FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-VD MCHENRY, HARRIETT A. 7218 KUMQUAT RD SE FORT MYERS FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.