

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90229 049 ***150.00

0061892 AV

DOCUMENT # 696877

1. Entity Name
RICHLIN, INC.



Principal Place of Business
**2083 MONTPELIER
WESTON FL 33326
US**

Mailing Address
**2083 MONTPELIER
WESTON FL 33326
US**



2. Principal Place of Business

3. Mailing Address

3090 LAUREL RIDGE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

BONITA SPRINGS FL

City & State

BONITA SPRINGS FL

4. FEI Number

59-2120017

Applied For

Not Applicable

Zip

34134

Country

Zip

34134

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PRESS, MARTIN R
STE 2000, 1 FINANCIAL PLAZA
FT LAUDERDALE FL 33394**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ROBERTSON, RICHARD**
STREET ADDRESS **2083 MONTPELIER**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☐ Delete
NAME **ROBERTSON, LINDA**
STREET ADDRESS **2083 MONTPELIER**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3090 LAUREL RIDGE CT**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3090 LAUREL RIDGE CT.**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03 239 9497 019

Date

Daytime Phone #

CR2E034 (10/02)