

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90207 027 ***150.00

0637744 MR

DOCUMENT # F95000004748

1. Entity Name
RICH-MAR SOUTHEAST CORPORATION



Principal Place of Business
PO BOX 879
INOLA OK 74036

Mailing Address
PO BOX 879
INOLA OK 74036

2. Principal Place of Business
15499 E. 590 Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
INOLA, OK

City & State

Zip
74036

Country

Country

4. FEI Number **73-0941465**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **RICHARDS, DAVID**
STREET ADDRESS **RT 2 BOX 503**
CITY-ST-ZIP **CHOUTEAU OK 74337**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SDT** ☐ Delete
NAME **BRUCE, CHERY**
STREET ADDRESS **31725 S ERSLENE AVE**
CITY-ST-ZIP **INOLA OK 74036**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **31725 S. EARLENE AVE**
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **COFFEE, KENNETH**
STREET ADDRESS **134-C 18TH STREET**
CITY-ST-ZIP **TULSA OK 74119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DORHOLT, GREG**
STREET ADDRESS **9416 E 117TH STREET**
CITY-ST-ZIP **BIXBY OK 74008**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LITTLE, ANITA**
STREET ADDRESS **270 C STREET NE**
CITY-ST-ZIP **INOLA OK 74036**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/03

918-543-2222

Date

Daytime Phone #

CR2E034 (10/02)