2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 14, 2000 8:00 am Secretary of State **DOCUMENT # J55765** 1. Entity Name LARRY C. RICH & ASSOCIATES, INC. 04-14-2000 90075 041 ***150.00 Principal Place of Business Mailing Address 610 W. NINE MILE RD. 3010 WILDE LAKE BLVD PENSACOLA FL 32534-1834 PENSACOLA FL 32526-8729 637160 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 Applied For City & State 59-2769119 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICH, LARRY C. Street Address (P.O. Box Number is Not Acceptable) 3010 WILDE LAKE BLVD PENSACOLA FL 32526 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition TITLE D ☐ Delete TITL F Change NAME RICH, LARRY C. NAME STREET ADDRESS STREET ADDRESS 3010 WILDE LAKE BLVD CITY-ST-ZIP CITY-ST-ZIF PENSACOLA FL 32526 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME RICH, BETTY K. STREET ADDRESS 3010 WILDE LAKE BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL 32526 ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.