## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other

## FILED Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # J55765** LARRY C. RICH & ASSOCIATES, INC. 04-25-2001 90143 012 \*\*\*150.00 Principal Place of Business Mailing Address 610 W. NINE MILE RD. 3010 WILDE LAKE BLVD PENSACOLA FL 32534-1834 PENSACOLA FL 32526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2769119 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICH, LARRY C. Street Address (P.O. Box Number is Not Acceptable) 3010 WILDE LAKE BLVD PENSACOLA FL 32526 Zip Code -8. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition RICH, LARRY C. NAME NAME 3010 WILDE LAKE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZiP PENSACOLA FL 32526 GITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition RICH, BETTY K. NAME NAME STREET ADDRESS 3010 WILDE LAKE BLVD STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32526 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SE-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Addition Chance NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-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

LARRY C. Rich Ones +4/10/01