

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J57759

1. Entity Name

RONALD J. RICHARDSON AND ASSOCIATES, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90022 007 ***150.00

Principal Place of Business

Mailing Address

% RONALD J. RICHARDSON
7640 WILKES RD
CORAL SPRINGS FL 33067

% RONALD J. RICHARDSON
3305 PINEWALK DR #101
MARGATE FL 33467-3533

4518

4518

2. Principal Place of Business

3. Mailing Address

4815 HUNTING TRAIL

4815 HUNTING TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE WORTH FL.

LAKE WORTH FL.

Zip

Country

Zip

Country

33467

USA

33467

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARDSON, RONALD J.
9850 NW 25TH COURT
CORAL SPRINGS FL 33065

Name RICHARDSON, RONALD J.

Street Address (P.O. Box Number is Not Acceptable)
4518 HUNTING TRAIL

City LAKE WORTH

FL

Zip Code 33467

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

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 Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RICHARDSON, RONALD J.	
STREET ADDRESS	3305 PINEWALK DR N #101	4518 HUNTING TRAIL
CITY-ST-ZIP	MARGATE FL 33065	LAKE WORTH FL 33467
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 561 9644266

Date

Daytime Phone #

CR2E034 (9/99)