

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 AUG 18 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *L07240*

1. Entity Name  
*53rd Street Corp.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*MARSHA Richardson*

Suite, Apt. #, etc.  
*230 N. Lake Ave*

City & State  
*Tavares, FL*

Zip  
*32778*

Country  
*Lake*

3. Mailing Address

*Same*

City & State

Zip

Country

4. FEI Number

*65-0141415*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *MARSHA E. Richardson*

Street Address (P.O. Box Number is Not Acceptable)  
*220 N. Lake Ave*

City *Tavares*

FL

Zip Code  
*32778*

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 \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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  
NAME *MARSHA E. Richardson* *Dir*  
STREET ADDRESS *230 N Lake Ave*  
CITY-ST-ZIP *TAVARES, FL 32778*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*900022485259*  
*08/21/03--01059--014 \*\*150.00*

TITLE  
NAME *David Riley Richardson* *Dir*  
STREET ADDRESS *220 N. LAKE AVE*  
CITY-ST-ZIP *TAVARES, FL 32778*

TITLE  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *M Richardson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/16/03*

Date

*352-343-5996*

Daytime Phone #

CR2E034B (12/02)

220 N. Lake Avenue  
Tavares, Fl 32778  
April 23, 2003

Department of State  
P. O. Box 1500  
Tallahassee, Fl 32302

Re: Ri-Mar Associates, Inc. #65-0045879  
~~53rd Street Corporation #650141415~~

Gentlemen:

To date we have not received the notice regarding the annual business report for the above corporations.

We enclose our checks to cover the annual fee.

Last year when they were paid, we advised you of an address change to 220 N. Lake Avenue, Tavares, Fl 32778. Perhaps you failed to change your records.

Please make this change so that future records are correct. We would appreciate your confirmation by return mail.  
Thank you.

Sincerely,

  
Marsha Richardson