

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90096 024 ***150.00

DOCUMENT # L13182

1. Entity Name

RICDAMAR CORPORATION

Principal Place of Business

Mailing Address

C/O C. GLENN LEONARDS
 PO BOX 11025
 FT. LAUDERDALE FL 33339

C/O C. GLENN LEONARDS
 4875 N. FEDERAL HWY., TENTH FLOOR
 FT. LAUDERDALE FL 33308-4610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

70 Robert B. Smith

70 Robert B. Smith

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1050 Seminole Dr 4c

1050 Seminole Dr 4c

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

4. FEI Number **65-0143106**

Applied For
 Not Applicable

Zip **33304**

Country **USA**

Zip **33304**

Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEONARD, C. GLENN
 4875 N. FEDERAL HWY.
 10TH FLOOR
 FT. LAUDERDALE FL 33308

Name **Robert B. Smith**
 Street Address (P.O. Box Number is Not Acceptable) **1050 Seminole Dr. 4-c**
 City **Ft. Lauderdale** **FL** Zip Code **33304**

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 **Robert B. Smith v.p.** **Robert B. Smith** **1/18/00**
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT B.	NAME	
STREET ADDRESS	1754 E. COMMERCIAL BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, FRANCES L.	NAME	
STREET ADDRESS	1754 E. COMMERCIAL BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00
 Date

934-566-553
 Daytime Phone #