

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90956 048 ***150.00

100903

DO NOT WRITE IN THIS SPACE

DOCUMENT # L24202

1. Entity Name
 Richards Holding Company, Inc.

Principal Place of Business
 8191 College Parkway
 Suite 205
 Fort Myers, FL 33919

Mailing Address
 8191 College Parkway
 Suite 205
 Fort Myers, FL 33919

2. Principal Place of Business
 8191 College Parkway
 Suite, Apt. #, etc.
Suite 205
 City & State
Fort Myers, FL
 Zip
33919 Country
U.S.

3. Mailing Address
 8191 College Parkway
 Suite, Apt. #, etc.
Suite 205
 City & State
Fort Myers, FL
 Zip
33919 Country
U.S.

4. FEI Number
65-0158061

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

6. Name and Address of Current Registered Agent
 Richards, R.Q. III
 8191 College Parkway, Suite 205
 Fort Myers, Florida 33919

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	President Richards, R.Q. III 8191 College Parkway, Suite 205 Fort Myers, Florida 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] 05/28/2000 941-733-0053
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)