2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 04, 2003 8:00 am Secretary of State

1. Entity Nar	IMENT # NO2000 THE RICHEY BANDITS, INC.	002973		03-03-2003 90455 015	5 ****61.25		
Principal Place of Business 3133 COVINA ST NEW PORT RICHEY FL 34655		Maifing Address 3133 COVINA ST NEW PORT RICHEY FL 34655					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number	4. FEI Number 010 69 0546 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of St		5 Additional equired	
	8. Name and Address of Current	Registered Agent		7. Name and Add	reas of New Registered Agent		
			Name	-KARL-0,	AWFS NO		
NEELEN, ROB 3133 COVINA ST			Street	Street Address (P.O. Box Number is Not Acceptable)			
NEW PORT RICHEY FL 34655				325 ALRIC	POTTORS	RD.	
			City	SPRING HILL	FL Zi	Code	
	e named entity submits this statement fo	or the purpose of changing its r	egistered office		the State of Florida. I am familiar	with, and accept	
SIGNATURE	Kaul D All K Signature, typed or printed harms of registered agent		F3 & D Registered Agent signs	sture required when relimitating)		3	
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	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co		S5.00 May Be Added to Fees	Make Check Paya Florida Department		
10.	OFFICERS AND DIT	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTO	RS IN 10	
TITLE	DP	☐ Delete	TITLE		□ ch	ange Addition	8
NAME	NEELEN, ROB		NAME			[3	<u>À</u>
	3133 COVINA ST		STREET ADDRESS			. [3
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		CITY-ST-ZIP				JHZE037 (10/02)
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NAME	DT MARKHAM, EVELYN	☐ Delete	CITY-ST-ZIP TITLE NAME	DT TINA SEY ME	Ch Ch	ange Addition	
NAME: STREET ADDRESS	DT MARKHAM, EVELYN 6904 RIDGE TOP DR	□ Delete	TITLE	OT TINA SEY MO 7532 TURTLE	Srook-LANE	ange Addition	٠
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12. I hereby certify that the information supplied with this filling 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 of the state employed as execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaching the state and the same chapter of the corporation or the receiver of the corporation of the receiver of the corporation or the receiver of the corporation or the receiver o

SIGNATURE:

SIGNOWINE REQUIREDAMEND

02-14-03

(727) 5145,97

Daytime Phone #