FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 15, 2001 8:00 am DOCUMENT # P00000089008 **Secretary of State** 1. Entity Name RICHTEC, INC. 03-15-2001 90182 010 \*\*\*163.75 Principal Place of Business Mailing Address 3391 E SILVER SPRINGS BLVD. SUITE H 3391 E SILVER SPRINGS BLVD. SUITE H OCALA FL 34470 OCALA FL 34470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEi Number City & State City & State Applied For 65-1039581 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INTERNATIONAL EXECUTIVE CONSULTANTS Street Address (P.O. Box Number is Not Acceptable) 3706 N OCEAN BLVD #420 FT LAUDERDALE FL 33308 Zip Code City 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, typed or printed name of registered agent and title if applicable. + + - (NOTE: Registered Agent signature required when reinstating) DATE ... FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing : \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Addition TITLE ☐ Delete TITLE ☐ Change GUTMAN, GERALD A NAME NAME STREET ADDRESS STREET ADDRESS 62 HASTINGS DR : Ļ CITY-ST-ZIP CITY-ST-7IP FT SALONGA NY 11768-2522 ☐ Change Delete TITLE TITLE SHEARGOLD, ROBERT ALBERT NAME NAME 3 WELLLANE, CLARE, SUDBURY, SUFFOLK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP UNITED KINGDOM TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

Genald A. Gutthan

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

SIGNATURE

Gersed a. Sutman

President

3-13-01

352-402-9187

Date

Daytime Phone #