

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 14 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

Richtec, Inc. (AMENDED UBR)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3300 S.W. 34th Avenue

Suite, Apt. #, etc.

Suite 104

City & State

Ocala, FL

Zip

34474

Country

USA

3. Mailing Address

3300 S.W. 34th Avenue

Suite, Apt. #, etc.

Suite 104

City & State

Ocala, FL

Zip

34474

Country

USA

4. FEI Number

65-1039581

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Gerald A. Gutman

Street Address (P.O. Box Number is Not Acceptable)

860 N.E. 120th Place

City Ocala

FL

Zip Code
34479-1063

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

Signature, typed or printed name of registered agent and date 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)



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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Gutman, Gerald A. P/D 860 N.E. 120th Place Ocala, FL 34479-1063	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sheargold, Robert Albert S/T/D 3 Well Lane, Clare, Sudbury, Suffolk United Kingdom CO10 8NH	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chisholm, Peter C/D The Ridge House, Stowfield, Lower Lidbrook Gloucestershire, GL17 9NF, United Kingdom	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Williams, Dennis D 20 de Haviland, Wimborne BH21 1XU, United Kingdom	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gerald A. Gutman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald A. Gutman, President

10/9/02

352-402-9187

Date

Daytime Phone #

CR2E034B (12/01)