

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90095 011 ***150.00

DOCUMENT # P00000107248

1. Entity Name
RICCARD & ASSOCIATES, INC.



Principal Place of Business
3107 EDGEWATER DR STE 5
ORLANDO FL 32804

Mailing Address
3107 EDGEWATER DR STE 5
ORLANDO FL 32804

11008790



2. Principal Place of Business

400 SEMORAN BLVD.

Suite, Apt. #, etc.

SUITE #210

City & State

CASSELBERRY, FL

Zip

32707

Country

USA

3. Mailing Address

400 SEMORAN BLVD.

Suite, Apt. #, etc.

SUITE #210

City & State

CASSELBERRY, FL

Zip

32707

Country

USA

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number 59-3682754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARD, KENNETH
3107 EDGEWATER DRIVE
SUITE E5
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name
KENNETH M. RICCARD

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

400 SEMORAN BLVD.

SUITE #210

City
ORLANDO

FL

Zip Code

32707

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/18/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTS
RICCARD, KENNETH M
3107 EDGEWATER DR STE 5
ORLANDO FL 32804

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTS
RICCARD, KENNETH M.
400 SEMORAN BLVD, STE. 210
ORLANDO, FL 32707

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 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

04/18/03

407.38 339.1545

CR2E034 (10/02)