

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 05, 2001 8:00 am**
Secretary of State

03-05-2001 90301 004 ***150.00

DOCUMENT # P00000107320**1. Entity Name**
RISH, INC.**Principal Place of Business****7518 EATON COURT**
UNIVERSITY PARK FL 34201**Mailing Address****7518 EATON COURT**
UNIVERSITY PARK FL 34201**2. Principal Place of Business****1814 14TH ST. WEST**

Suite, Apt. #, etc.

3. Mailing Address**1814 14TH ST. WEST**

Suite, Apt. #, etc.

724615

DO NOT WRITE IN THIS SPACE

City & State
BRADENTON, FLORIDA**City & State**
BRADENTON, FLORIDA**4. FEI Number**
651071709**Applied For**
Not Applicable**Zip**
34205**Country**
USA**Zip**
34205**Country**
USA**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****GRIMES, WILLIAM C**
1023 MANATEE AVENUE WEST
BRADENTON FL 34205**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**

Signature, typed or printed name of registered agent and title 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)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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**
D
NAME
KAKARALA, RANGA
STREET ADDRESS
7518 EATON COURT
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UNIVERSITY PARK FL 34201☐ Delete**TITLE**
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CITY - ST - ZIP☐ Change ☐ Addition**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:****RANGA KAKARALA**
2/28/2001 (941) 955-3446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)