

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P01000001452

1. Entity Name
C.J. RICHARDS INC.

FILED

02 JUL 24 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3911 LUZON ST.
FT. MYERS FL 33901

Mailing Address
3911 LUZON ST.
FT. MYERS FL 33901

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-7064049	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SOUTHWEST PROFESSIONAL SERVICES OF FT. MYE
RS, INC. - 13571 MCGREGOR BLVD #2V
FT. MYERS FL 33919

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARDS, JOSEPH E 3911 LUZON ST FORT MYERS FL 33901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400006875624--2 -08/02/02--01046--004 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDS, CARRIE J 8911 LUZON ST FORT MYERS FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE OF JOSEPH E. RICHARDS 7/18/02

CR2E034 (4/02)

C.J.RICHARDS INC.
3911 LUZON ST
FORT MYERS. FL 33901
941-939-1560

Attachment 2 of 2
Document #
PO1000001452

July 19, 2002

Division of Corporations
P.O.Box 1500
Tallahassee, Fl 32302

RE: 2002 UBR

Dear Sir,

Please accept my check in the amount of \$150.00 covering the filing fee for 2002.

After a long, difficult illness, my husband, Joseph E Richards, died on June 12, 2002.
I cared for him during the illness and had to put our business on hold during the ordeal.

I have finally put back the pieces and I find that the annual report, which was due during his struggle was not paid.

Thank you for your consideration.

Sincerely,
C.J.Richards, Inc


Carrie J Richards, Pres.