


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

201

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90112 008 ***150.00

DOCUMENT # <u>P0100073640</u> ✓	
1. Entity Name <u>RICHFIELD Development, Inc</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2743-1 ANNISTON RD</u>		3. Mailing Address <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>JACKSONVILLE, FL</u>		City & State	
Zip <u>32246</u>	Country <u>USA</u>	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <u>HAROLD COFFIELD</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>2743-1 ANNISTON RD</u>			
City <u>JACKSONVILLE, FL</u>			Zip Code <u>32246</u>

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 _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ADP</u> <u>ROBERT G. RICHARDS</u> <u>3500 VERA DE LA REINA</u> <u>JACKSONVILLE, FL 32217</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VPD</u> <u>HAROLD COFFIELD</u> <u>2743-1 ANNISTON RD</u> <u>JACKSONVILLE, FL 32246</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert G. Richards Date: 4-30-03 Daytime Phone #: 904 268-1868

CR2E034B (12/02)