

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

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000076615
1. Entity Name
Richard Van Sickle Consultants, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
605 Leo Ave. N.		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Lehigh Acres, FL			
Zip	Country	Zip	Country
33971			

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
04-3626783		<input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	
Raymond T Richard	
Street Address (P.O. Box Number is Not Acceptable)	
605 Leo Ave North	
City	Zip Code
Lehigh Acres	33971

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

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

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Richard, Raymond T.
STREET ADDRESS	605 Leo Ave North
CITY-ST-ZIP	Lehigh Acres, FL 33971
TITLE	SD
NAME	Richard, Delayne A.
STREET ADDRESS	605 Leo Ave North
CITY-ST-ZIP	Lehigh Acres, FL 33971
TITLE	D
NAME	Bishop, Frank J.
STREET ADDRESS	25313 Durango Ct
CITY-ST-ZIP	Punta Gorda, FL 33955
TITLE	D
NAME	Bishop, Deborah L.
STREET ADDRESS	25313 durango Ct
CITY-ST-ZIP	Punta Gorda, FL 33955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 

Raymond T. Richard PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #