

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90125 003 \*\*\*150.00

0138789 AT

**DOCUMENT # P01000076615**

1. Entity Name  
**RICHARD VAN SICKLE CONSULTANTS, INC.**



Principal Place of Business  
**605 LEO AVE N  
LEHIGH ACRES FL 33971**

Mailing Address  
**605 LEO AVE N  
LEHIGH ACRES FL 33971**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **04-3626783**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RICHARD, RAYMOND T  
605 LEO AVE N  
LEHIGH ACRES FL 33971**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 **PO** ☐ Delete  
NAME **RICHARD, RAYMOND T**  
STREET ADDRESS **605 LEO AVE N**  
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE **SD** ☐ Delete  
NAME **VAN SICKLE, DELAYNE**  
STREET ADDRESS **605 LEO AVE N**  
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☐ Change ☒ Addition  
NAME **Frank Bishop**  
STREET ADDRESS **25313 Durango Ct.**  
CITY-ST-ZIP **Punta Gorda FL 33955**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Deborah Bishop**  
STREET ADDRESS **25313 Durango Ct.**  
CITY-ST-ZIP **Punta Gorda FL 33955**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Richard Van Sickle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/03

Date

239 369 0770

Daytime Phone #

CR2E034 (4/03)

Attachment

P01000076615  
80145398

RICHARD VAN SICKLE CONSULTANT'S, INC.  
605 LEO AVE N  
LEHIGH ACRES, FL 33971  
(239) 369-5015

This is the first notice our corporation has received. We had some problems with our mailbox being broken into and vandalized previously. This problem has been resolved and we are currently having no further problems with our mail deliveries. We would greatly appreciate it if the late filing fee could be waived. Thank you for your understanding in this matter.

Sincerely,

*Delayne Richard*

Delayne Richard  
Secretary

Attachments: 2003 UBR  
\$150.00 filing fee