

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90231 002 ***150.00

DOCUMENT # P01000077322 1. Entity Name RICHARD & RICHARD ASSOCIATES, INC.				 	
Principal Place of Business 916 NORTHLAKE BLVD. NORTH PALM BEACH, FL 33408			Mailing Address 916 NORTHLAKE BLVD. NORTH PALM BEACH, FL 33408		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DEGREGRIO, JAMES 916 NORTHLAKE BLVD. NORTH PALM BEACH, FL 33408				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's signature required when amending) DATE _____					
FILE NOW!! FEB 15 \$150.00 After May 1, 2003 Fee will be \$650.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD		TITLE	☐ Change ☐ Addition	
NAME	DEGREGRIO, JAMES		NAME		
STREET ADDRESS	8701 SE WATER OAK PLACE		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE	VD		TITLE	☐ Change ☐ Addition	
NAME	RIENZO, CHARLES		NAME		
STREET ADDRESS	8701 SE WATER OAK PLACE		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE	SD		TITLE	☐ Change ☐ Addition	
NAME	RIENZO, ALICE		NAME		
STREET ADDRESS	8701 SE WATER OAK PLACE		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE	TD		TITLE	☐ Change ☐ Addition	
NAME	FLORVILLE, GWEN		NAME		
STREET ADDRESS	8701 SE WATER OAK PLACE		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			4/5 8/03 15617382-1144 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)