

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000102955

1. Entity Name

RICHARD L. TOWNS CONSULTING, INC.

Principal Place of Business

1601 8 ST SOUTH  
JACKSONVILLE BCH FL 32250

Mailing Address

1601 8 ST SOUTH  
JACKSONVILLE BCH FL 32250

2. Principal Place of Business

1221 S.E. 32nd  
Suite, Apt. #, etc. Terrace

3. Mailing Address

1221 S.E. 32nd Terrace  
Suite, Apt. #, etc.

City & State

CAPE CORAL, FL  
Zip 33904 Country LEE

City & State

CAPE CORAL, FL  
Zip 33904 Country LEE

4. FEI Number

59-3751090

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOWNS, RICHARD L  
1601 8 ST SOUTH  
JACKSONVILLE BCH FL 32250

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.

SIGNATURE

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

(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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE DPVS ☐ Delete  
NAME TOWNS, RICHARD L  
STREET ADDRESS 1601 8 ST SOUTH  
CITY-ST-ZIP JACKSONVILLE BCH FL 32250

TITLE T ☒ Delete  
NAME TOWNS, RICHARD L  
STREET ADDRESS 1601 8 ST SOUTH  
CITY-ST-ZIP JACKSONVILLE BCH FL 32250

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition  
NAME TOWNS, RICHARD L  
STREET ADDRESS 1221 S.E. 32nd  
CITY-ST-ZIP JACKSONVILLE, FL 32250 Terrace

TITLE VST ☐ Change ☒ Addition  
NAME TOWNS, DEBORAH D.  
STREET ADDRESS 1221 S.E. 32nd  
CITY-ST-ZIP JACKSONVILLE, FL 32250 Terrace

TITLE Cape Coral ☐ 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

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: Deborah D. Towns DEBORAH D. TOWNS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 01, 2002 8:00 am  
Secretary of State

03-18-2002 90023 043 \*\*\*150.00

26156



DO NOT WRITE IN THIS SPACE

CR2E034(9/01)Y