## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 21, 2002 8:00 am Secretary of State P01000111749 DOCUMENT # 1. Entity Name 05-21-2002 91183 034 \*\*\*150.00 FRANK RICHTER CONSTRUCTION COMPANY Principal Place of Business Mailing Address 2225 44TH STREET SOUTH 2225 44TH STREET SOUTH 80109119 ST PETERSBURG FL 33711 ST PETERSBURG FL 33711 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number, Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WINEBRENNER, J M Street Address (P.O. Box Number is Not Acceptable) **3773 CENTRAL AVENUE** SUITE C8863 ST. PETERSBURG FL 33713 Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE RICHTER, FRANKLIN E NAME NAME 2225 44TH STREET SOUTH STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33711 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE RICHTER, FRANK J NAME NAME STREET ADDRESS 2225 44TH STREET SOUTH STREET ADDRESS ST PETERSBURG FL 33711 CITY-ST-ZIP CITY-ST-ZIP - Change = E Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

ANKlin E Richter 4/26/02 (727)