

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90072 023 ***150.00

DOCUMENT # P01000115110

1. Entity Name
RICHMOND CUSTOM HOMES, INC.



Principal Place of Business
**1844A SOUTH HWY A1A
FLAGLER BEACH FL 32136**

Mailing Address
**32 EGRET JR
PALM COAST FL 32164**

2. Principal Place of Business

3. Mailing Address

P.O. Box 308

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Flagler Beach, FL

4. FEI Number **59-3757804**

Applied For
Not Applicable

Zip

Country

Zip
32136

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHMOND, ROBERT W II
22 ROBIN HOOD LN
PALM COAST FL 32164**

Name

Street Address (P.O. Box Number is Not Acceptable)

5 Ivey Ln

City

Flagler Beach

FL

Zip Code

32136

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 *Alesha A Richmond*
Signature, typed or printed name of registered agent and title if applicable.

Alesha A Richmond
(NOTE: Registered Agent signature required when reinstating)

March 11, '03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 ☐ Delete
NAME **DP**
STREET ADDRESS **RICHMOND, ROBERT W II**
CITY-ST-ZIP **1844A SOUTH HWY A1A
FLAGLER BEACH FL 32136**

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

TITLE ☐ Delete
NAME **VTS**
STREET ADDRESS **RICHMOND, ALESHA**
CITY-ST-ZIP **1844 A SOUTH HWY A1A
FLAGLER BEACH FL 32136**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Alesha A Richmond*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 11, '03 *386-439-3409*
Date Daytime Phone #

CR2E034 (10/02)