2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P01000117486

DOCUMENT# 1. Entity Name

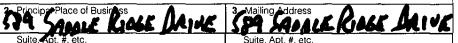
RICHARD H. VAUGHAN, INC.



Principal Place of Business

4941 SW 196TH AVE **DUNNELLON FL 34431** Mailing Address

4941 SW 196TH AVE **DUNNELLON FL 34431**



Apr 17, 2003 8:00 am & Secretary of State

04-17-2003 90216 032 ***158.75

| Suite, Apt. #, etc. | | | Suit | Suite, Apt. #, etc. | | | . CHECK HERE IF MAKING CHANGES | | | |
|--|---------------------------------|---|--|-----------------------|--|--|---|-----------------|----------------|----------------------------|
| RETHI | LHEA | , 6A | SET | & State | GA | | 4. EEL Number 345041 | 4 | <u> </u> | plied For at Applicable |
| -Zoh 2: | D | Country | Zip. | -20 | Country | | 5. Certificate of Status Desired | | 8.75 Add | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | | |
| or realite and Address of Carrott Heditales Agent | | | | | | Name | | | | |
| WADE, DANIEL J 3391 E SILVER SPRINGS BLVD STE F | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| ocala fl | L 34470 | * • ; | | | | | | | | ŀ |
| | | | | | City | | | FL | Zip Code | |
| | named entity tions of regist | | nent for the purp | ose of changing its r | egistered office | or registered | d agent, or both, in the State of Fk | orida. I am fan | niliar with, a | and accept |
| SIGNATURE. | Signature, typed | or printed name of registere | d agent and title if app | olicable. (NOTE: | Registered Agent sign | ature required w | hen reinstating) | 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 Fir Trust Fund Contribution | ~ ~ | | May Be to Fees |
| 10. | | OFFICERS | AND DIRECTO | RS | 11. | | ADDITIONS/CHANGES TO OFF | FICERS AND D | IRECTORS | 3 IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4941 SW | , Richard H 196th Ave On FL 34431 | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S89 GET | sapple right Hienem, GA | DAVE | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | - - | | **** ******************************** | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ുന്ന് വാധ്യായ അത്തിലെ വിശ്യാത്തിലെ വിശ് | | _ Change | ☐ Addition |
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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.

425-9816