

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90188 043 ***150.00

UNIFORM BUSINESS REPORT

DOCUMENT # P02000038751

1. Entity Name
RICHMAN PROPERTY GROUP, INC.



Principal Place of Business
**8324 CORPORATE WAY A
NEW PORT RICHEY FL 34653**

Mailing Address
**8324 CORPORATE WAY A
NEW PORT RICHEY FL 34653**



2. Principal Place of Business
4148 LOUIS AVE.
Suite, Apt. #, etc.

3. Mailing Address
4148 LOUIS AVE.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
HOLIDAY, FL

City & State
HOLIDAY, FL

Zip
34691 Country
USA

Zip
34691 Country
USA

4. FEI Number
75-3041279 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RICH, GREGG A
8324 CORPORATE WAY A
NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4148 LOUIS AVE

City **HOLIDAY** FL Zip Code **34691**

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  **GREGG A. RICH** 01-21-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when 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 Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	RICH, GREGG A
STREET ADDRESS	302 SHORE DR
CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE	D <input type="checkbox"/> Delete
NAME	EIMAN, TIMOTHY D
STREET ADDRESS	262 S BEACH DR
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:  **SIGNATURE REQUIRED** 01-21-03 (727) 943-7560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)