

1092

ATX1

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

FILED

04 MAY -7 AM 8:33
2004
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000040902
1. Entity Name RICHARDS POOL MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 316 MYRTLE DRIVE Suite, Apt. #, etc.	3. Mailing Address 316 MYRTLE DRIVE Suite, Apt. #, etc.
City & State NOKOMIS, FL Zip 34275	City & State NOKOMIS, FL Zip 34275
Country US	Country US

REINSTATEMENT 03-04

DO NOT WRITE IN THIS SPACE	4. FEI Number 72-1523719		Applied For <input checked="" type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name JOSEPH M. RICHARDS Street Address (P.O. Box Number is Not Acceptable) 316 MYRTLE DRIVE City SARASOTA FL Zip Code 34275		

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.

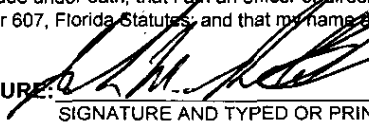
SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JOSEPH M. RICHARDS 316 MYRTLE DRIVE NOKOMIS, FL 34275	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300036515583 05/17/04 - 01060 - 003 \$2300.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOSEPH RICHARDS, PRES** **04/ /04** **(941) 480-9052**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

B

Attachment

2082

MIKE'S NATIVE TILE & MARBLE, INC.
8710 ERIE COURT
PARRISH, FLORIDA 34219
941-812-2877

P02000040902

April 28, 2004

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

RE: UBR FOR RICHARDS POOL MANAGEMENT, INC.
DOC. #: P02000040902

I am requesting an abatement of the late-filing penalty for my corporation for the following reasons:

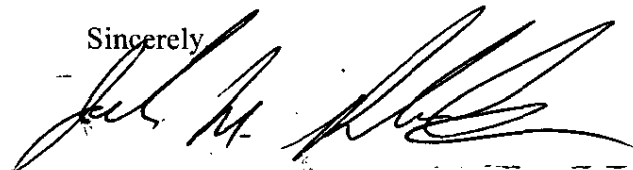
The UBR was never received by me.

My accountant attempted to print the UBR off the Internet for me as soon as I realized a form was to be filed.

I have always tried to pay any and all fees due to the State.

I have enclosed my check in the amount of \$300.00 for two UBR Forms, 2003 and 2004. Thank you for your assistance in this matter.

Sincerely



Joseph M. Richards
President