

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90139 038 ***150.00

DOCUMENT # P05170

1. Entity Name
BANNUM, INCORPORATED



Principal Place of Business
**1301 SEMINOLE BLVD.
SUITE 126
LARGO FL 33770
US**

Mailing Address
**1301 SEMINOLE BLVD
SUITE 126
LARGO FL 33770
US**

2. Principal Place of Business
**2165 Sunnydale Blvd
Suite C**

3. Mailing Address
**2165 Sunnydale Blvd
Suite C**

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip Country
33765 USA

Zip Country
33765 USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **61-1063608**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RICH, JOHN D
1301 SEMINOLE BLVD STE 126
LARGO FL 33770**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **John D. Rich**

3/14/03

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	P	Delete
NAME	RICH, ARNOLD R.	
STREET ADDRESS	1301 SEMINOLE BLVD., #126	
CITY-ST-ZIP	LARGO FL	
TITLE	T	Delete
NAME	SCHULTZ, PATTI	
STREET ADDRESS	1301 SEMINOLE BLVD #126	
CITY-ST-ZIP	LARGO FL 33770	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Rich	
STREET ADDRESS	656 NORMANBY RD.	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE	EX. DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID A. LOWRY	
STREET ADDRESS	2701 GOLF BLVD	
CITY-ST-ZIP	BELLEGLADE BEACH FL 33735	
TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD R. RICH	
STREET ADDRESS	2165 Sunnydale Blvd # C	
CITY-ST-ZIP	Clearwater FL 33765	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTI SCHULTZ RICH	
STREET ADDRESS	2165 Sunnydale Blvd # C	
CITY-ST-ZIP	Clearwater FL 33765	
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03
Date

727-588-2594
Daytime Phone #

CR2E034 (10/02)