## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

## Feb 13, 2002 8:00 am Secretary of State P92000013475 DOCUMENT # 1. Entity Name RICHARDS COURT, INC. 02-13-2002 90242 018 \*\*\*150.00 Principal Place of Business , Mailing Address 36712 MICRO RACETRACK RD 36712 MICRO RACETRACK RD FRUITLAND PARK FL 34731 FRUITLAND PARK FL 34731 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 36712 MICRO RACETRACK RD FRUITLAND PARK, FL 34731 City & State 4. FEI Number Applied For 59-3155662 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WARREN, HAROLD Street\* 36712 MICRO RACETRACK RD FRUITLAND PARK FL 34731 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 Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE Delete TITLE WARREN, HAROLD NAME NAME 1065 NE 125TH ST STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 33161 CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete ☐ Addition TITLE TITLE 36712 MICRO RACETRACK RIS WARREN, CYLVIA NAME NAME 1065 NE 125TH ST STREET ADDRESS FRUITLAND PARK, FL 34731 STREET ADDRESS NORTH MIAMI FL 33161... CITY-ST-ZIP-.CITY\_ST\_ZIP\_\_ Delete ☐ Addition TITLE TITLE 36712 MICRO RACETRACK RD SKAVRONECK, RHODA NAME NAME STREET ADDRESS FRUITLAND PARK, FL 34731 1065 NE 125TH ST STREET ADDRESS NORTH MIAMI FL 33161 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED