

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90037 031 ***150.00

DOCUMENT # P94000072967

1. Entity Name

RICHMAR, INCORPORATED

Principal Place of Business

~~919 NORTH BERMUDA AVENUE~~
 KISSIMMEE FL 34741
 US

ONLY STREET NAME CHANGED

Mailing Address

P.O. BOX 423335
 KISSIMMEE FL 34742-3335

2. Principal Place of Business

919 NORTH JOHN YOUNG PKWY.

3. Mailing Address

Suite, Apt. #, etc.

City & State

KISSIMMEE, FLORIDA

City & State

Zip

34741

USA

Country

4. FEI Number

59-3273154

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENBLATT, MARK R
919 NORTH BERMUDA AVENUE
KISSIMMEE FL 34741

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PVTC	<input type="checkbox"/> Delete
NAME	ROSENBLATT, MARK R	
STREET ADDRESS	919 NORTH BERMUDA AVENUE	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROSENBLATT, SHIRLEY	
STREET ADDRESS	2411 FORUTNE MANOR RD	<i>"deceased"</i>
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Mark R. Rosenblatt* **MARK R. ROSENBLATT** February 17, 2000 (407) 931-0010
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)