

# 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

Country

**34741**

**USA**

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

CR2E034 (9/99)