FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

## Jan 24, 2002 8:00 am Secretary of State P94000072967 DOCUMENT # 1. Entity Name 🖫 🙃 RICHMAR, INCORPORATED 01-24-2002 90165 035 \*\*\*150.00 , ir i Principal Place of Business Mailing Address 306 WEST OAK ST P.O. BOX 423335 STE A **KISSIMMEE FL 34742-3335** KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3273154 Not Applicable Zip -Zip Country \$8.75 Additional 5. Certificate of Status Desired UNITED STATES 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSENBLATT, MARK R Street Address (P.O. Box Number is Not Acceptable) 306 A WEST OAK ST KISSIMMEE FL 34741 City 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, typed or printed name of registered agent and title if applicable. (NOTE: 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 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE JITLE Change ☐ Addition ☐ Delete ROSENBLATT, MARK R NAME NAME STREET ADDRESS 919 NORTH BERMUDA AVENUE STREET ADDRESS 306-A WEST OAK STREET KISSIMMEE FL 34741 CITY-ST-ZIP CITY-ST-ZIP FLORIDA 34741 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

MARK ROSENBLATT for Richmen Puc 1/11/02 (401) 931-001D