**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF

## Jan 17, 2001 8:00 am Secretary of State DOCUMENT # P9600004276 HABEN & RICHMOND, P.A. 01-17-2001 90091 049 \*\*\*150.00 Principal Place of Business Mailing Address 1435 E PIEDMONT DR 1435 E PIEDMONT DR STE 110 STE 201 TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 3. Mailing Address 2. Principal Place of Business 1435 E. Piedment Drive Same as above Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 110/ City & State Tallahassee, Florida Applied For City & State 4. FEI Number 59-3355318 Not Applicable Zip Country 32312 \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ronald R. Richmond RICHMOND, RONALD R Street Address (P.O. Box Number is Not Acceptable) 1435 E. Piedmont Drive 1435 E PIEDMONT DR #201 TALLAHASSEE FL 32312 Suite 110 <sup>City</sup>Tallahassee Zip 22312 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 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. Change ☐ Delete TITLE TITLE RICHMOND, RONALD R NAME 1435 E PIEDMONT DR STE 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE HABEN, RALPH H NAME STREET ADDRESS STREET ADDRESS 1435 E PIEDMONT DR STE 110 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qual indicated on this report or supplemental report is true and accurate and of the corporation or the reporter trustee empoyer region execute this report is true to the report of the corporation of the reporter trustee empoyer regions. y/or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the my signature shall have the same legal effect as if made under oath; that I am an officer or director port as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the rechanged, or on an attaching -KIL Ronald R. Richmond 1/5/01 SIGNATURE: