## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P96000009801 RICHARD OUTDOORS, INC. 05-01-2001 90104 013 \*\*\*150.00 Principal Place of Business 1122 HALLAMWOOD TRIAL SOUTH 1122 HALLAMWOOD TRIAL SOUTH LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, ctc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3357771 Not Apolicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **DELANEY. RICHARD** Street Address (P.O. Box Number is Not Acceptable) 1122 HALLAMWOOD TRIAL SOUTH LAKELAND FL 33813 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) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 7171.5 ☐ Delete TITLE Addit on DELANEY, RICHARD NAME NAME STREET ADDRESS 1122 HALLAMWOOD TRIAL SOUTH STREET ADDRESS CITY-ST-Z:P LAKELAND FL 33813 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DELANEY, KEVIN P NAME NAME 1122 HALLAMWOOD TRIAL SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CiTY-ST-ZIP TITLE ☐ Delete T.TLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- SE-ZIP CITY-ST-Z:P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change F∃ Addition NAME NAM5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIFLE Change Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7iP 13. Thereby 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 path; 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.