## 2002 UNIFORM BUSINESS REPORT (UBR)

## P96000026982 **DOCUMENT#**

1. Entity Name

RICHARD PRIEST SALES, INC.

## FILED Aug 25, 2002 8:00 am Secretary of State 08-25-2002 90196 017 \*\*\*550.00

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Principal Place of Business 118 S. HOWARD AVENUE TAMPA FL 33606		Mailing Address 118 S. HOWARD AVENUI TAMPA FL 33606	118 S. HOWARD AVENUE					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		FEI Number <b>59-3374076</b>		opplied For	]
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ac	lditional	7
Ų.	6. Name and Address of Cur	rent Registered Agent		7. 1	Name and Address of New Registerer		-	- ⊢
MCNAMA	ARA, THOMAS P		Name		The state of the s	a Agein		1
2909 BAY TO BAY BLVD.			Street	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 30								1
TAMPA FL 33629			City		F	Zip Cod	de	1
8. The above the obliga	e named entity submits this stateme tions of registered agent.	nt for the purpose of changing its	registered office of	or registered ag	ent, or both, in the State of Florida. Far	n familiar with	, and accept	1
SIGNATURE	Signature, typed or printed name of registered a	anent and title if applicable (NOT)	E: Registered Agent signs		einstating) DATE			
Tax filing requirement and elects to do so. After Sep			NOW!!! FEE IS \$550.00 mber 13, 2002 Fee will be \$750.00 k Payable to Department of State		10. Election Campaign Financing \$5.00 May Be			
11.	OFFICERS A	ND DIRECTORS	12.		LIDITIONS/CHANGES TO OFFICERS AN	ID DIDECTOR	0 10 44	1
TITLE	D	☐ Delete	TITLE	T	DITIONS/CHANGES TO OFFICERS AN	☐ Change	Addition	বি
NAME	PRIEST, RICHARD		NAME			□ Change	∠ Adoltion	100
STREET ADDRESS	118 S. HOWARD AVENUE		STREET ADDRESS	1				35
CITY-ST-ZIP	TAMPA FL 33606		CITY-ST-ZIP					l Ö
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	CR2E034 (4/02)
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name Street address			NAME	[				
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TITLE		□ p <sub>al2</sub> -	<del>-</del>	<del> </del>				
NAME		☐ Delete	TITLE NAME			Change	☐ Addition	1
STREET ADDRESS			STREET ADDRESS					
CITY-ST-7/P			I	i				ı

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 function 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:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICED OF DIRECTOR.