

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90236 017 ***150.00

DOCUMENT # P96000051156

1. Entity Name

RICH RICHARDSON ENTERPRISES INC.

Principal Place of Business

**3988 W. FAIRFIELD DR.
PENSACOLA FL 32505**

Mailing Address

**3988 W. FAIRFIELD DR.
PENSACOLA FL 32505**

2. Principal Place of Business

3611 NAVY BLVD

Suite, Apt. #, etc.

PENSACOLA FL 32507

3. Mailing Address

3611 NAVY BLVD

Suite, Apt. #, etc.

PENSACOLA FL

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip
32507

Country
USA

Zip
32507

Country
USA

6. Name and Address of Current Registered Agent

**RICHARDSON, WILLIAM W II
3345 PURSELL LANE
PENSACOLA FL 32526**

7. Name and Address of New Registered Agent

Name

William W. Richardson II

Street Address (P.O. Box Number is Not Acceptable)

2340 STALLION RD

City

Cantonment

FL

Zip Code

32533

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]

01/13/01

(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, 2001 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 **P** ☐ Delete
NAME **RICHARDSON, WILLIAM W**
STREET ADDRESS **3345 PURSELL LANE**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **S** ☐ Delete
NAME **RICHARDSON, SARAH R**
STREET ADDRESS **3345 PURSELL LANE**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/01

Date

850-456-8686

Daytime Phone #

CR2E034 (10/00)