

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90068 032 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000056585

1. Entity Name
RICHARD MAY & ASSOCIATES, INC.

Principal Place of Business 5525 IMPERIAL LAKES BLVD #35 MULBERRY FL 33860	Mailing Address 5525 IMPERIAL LAKES BLVD #35 MULBERRY FL 33860
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2. Principal Place of Business 5300 SO. FLORIDA AVE Suite, Apt. #, etc. G 9 City & State LAKELAND FL	3. Mailing Address 5300 SO. FLORIDA AVE Suite, Apt. #, etc. G 9 City & State LAKELAND FL
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Zip 33813	Country FLORIDA	Zip 33813	Country FLORIDA
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4. FEI Number **59-3390193** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MAY, RICHARD D
5525 IMPERIAL LAKES BLVD #35
MULBERRY FL 33860

7. Name and Address of New Registered Agent

Name **RICHARD D. MAY**
 Street Address (P.O. Box Number is Not Acceptable)
5300 SO. FLORIDA AVE
SUITE G 9
 City **LAKELAND** FL Zip Code **33813**

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 *Richard May* **RICHARD MAY** DATE _____
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 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 NAME STREET ADDRESS CITY-ST-ZIP	D MAY, RICHARD D 5525 IMPERIAL LAKES BLVD #35 MULBERRY FL 33860	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard May* **RICHARD MAY** Date 1/2/2001 Daytime Phone # 863 701 0302

