

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90073 045 ***150.00

DOCUMENT # P97000017552 ✓
1. Entity Name
 HEATHER P. RICHARDS, P.A.

Principal Place of Business **Mailing Address**
 755 W LUMSDEN ROAD SUITE B
 BRANDON FL 33511

2. Principal Place of Business **3. Mailing Address**
 755 W. LUMSDEN ROAD STE B
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 BRANDON, FL

Zip **Country** **Zip** **Country**
 33511 HILLSBOROUGH

4. FEI Number **Applied For**
 59-3429930 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 HEATHER P. RICHARDS
 755 W LUMSDEN ROAD STE B
 BRANDON, FL 33511

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____
 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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT HEATHER P RICHARDS 755 W LUMSDEN ROAD STE B BRANDON, FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Heather P. Richards* *Heather P. Richards* *813-6431676*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #