## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 24, 2000 8:00 am Secretary of State DOCUMENT # P97000023412 1. Entity Name RICH RICHES AUTO AUTO SALES, INC. 02-24-2000 90062 023 \*\*\*158.75 Principal Place of Business Mailing Address 3210 WEST TENNESSEE STREET 3210 WEST TENNESSEE STREET TALLAHASSEE FL 32304 TALLAHASSEE FL 32304-1002 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3441276 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAYLOR, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 3210 WEST TENNESSEE STREET TALLAHASSEE FL 32304 Zip Code City 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 : DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11.第四日 197日から No. L. TVD OFFICERS AND DIRECTORS 12. Addition TITLE Change ☐ Delete TITI F TAYLOR, RICHARD C. NAME NAME STREET ADDRESS 3210 WEST TENNESSEE STREET STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32304 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE TAYLOR, SHERYL C NAME NAME STREET ADDRESS STREET ADDRESS 3210 WEST TENNESSEE STREET CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32304 Addition Change TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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CITY-ST-ZIP

SIGNATURE: WIND WIND SHE WIT TOY DR 2-9-2000 850-576-0002
Date Dayling Phone 4