

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Amended*  
FILED

DOCUMENT # P97000023412

1. Entity Name

RICH RICHIES AUTO AUTO SALES INC.



03 OCT -7 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3210 W. TENNESSEE ST.

Suite, Apt. #, etc.

3. Mailing Address

3517 LAKEVIEW DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL.

4. FEI Number

59-3441276

Applied For

Not Applicable

Zip

32304

Country

LEON

Zip

32310

Country

LEON

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

RICHARD C. TAYLOR

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

1508 HILLTOP DR.

City

TALLAHASSEE

FL

Zip Code

32303

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

P

NAME

RICHARD C. TAYLOR

STREET ADDRESS

1508 HILLTOP DR.

CITY-ST-ZIP

TALLAHASSEE, FL. 32303

TITLE

VP

NAME

Thomas R. Wieneke

STREET ADDRESS

3517 LAKEVIEW DR.

CITY-ST-ZIP

TALLAHASSEE, FL. 32310

TITLE

S/T

NAME

SHERYL A. TAYLOR

STREET ADDRESS

1508 HILLTOP DR.

CITY-ST-ZIP

TALLAHASSEE, FL. 32303

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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12. 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 10 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

Date

Daytime Phone #

*Richard C. Taylor 9-16-03 850-576-0022*

CR2E0348 (12/02)