

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90143 038 ***150.00

DOCUMENT # P97000092633

1. Entity Name
RICHARDS RESOURCES, INC.

Principal Place of Business

1324 LOCHBREEZE WAY
ORLANDO FL 32828

Mailing Address

1324 LOCHBREEZE WAY
ORLANDO FL 32828

2. Principal Place of Business

12131 BRUCESTON WAY

Suite, Apt. #, etc.

3. Mailing Address

12131 BRUCESTON WAY

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3473844

Applied For

Not Applicable

Zip
32828

Country
USA

Zip
32828

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDS, CATHY B
1324 LOCHBREEZE WAY
ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name
RICHARDS, CATHY B.

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

12131 BRUCESTON WAY

City
ORLANDO

FL

Zip Code
32828

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 *Cathy B. Richards, Pres.* *CATHY B. RICHARDS*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/02

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, 2002 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
PD
NAME
RICHARDS, CATHY
STREET ADDRESS
1324 LOCHBREEZE WAY
CITY-ST-ZIP
ORLANDO FL 32828

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
NAME
RICHARDS, CATHY
STREET ADDRESS
12131 BRUCESTON WAY
CITY-ST-ZIP
ORLANDO FL 32828

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: *Cathy B. Richards* *CATHY B. RICHARDS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02 407-736-1211

Date

Daytime Phone #

CR2E034 (9/01)