## **2003 FOR PROFIT CORPORATION**

## Mar 24, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR Secretary of State** P98000003415 DOCUMENT # 1. Entity Name 03-24-2003 90197 037 \*\*\*150.00 RICHARD'S AUTO SALES INC. Principal Place of Business Mailing Address 4560 W. COLONIAL DR. 4560 W. COLONIAL DR. ORLANDO FL 32808 ORLANDO FL 32808 Rrincipal Place of Business Mailing Address 3910 old winter 6 molen 3912 WINTER GARDEN Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For ORLANDO 59-3486232 02Lmdo CL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32805 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -GORDON, BRENDINA -1 Cityrel 13.AKer Street Address (P.O. Box Number is Not Acceptable) 4560 W. COLONIAL DR. DWINTER CALIBONISY ORLANDO FL 32808 City ORLANDS 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. agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!. FEE IS \$150,00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be ٠,٠ Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE CR2E034 (10/02) BAKER, RICHARD NAME BAKER RICHARD NAME 3913 OLD WINTER GATDEN RY 4560. W. COLONIAL DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP FL 32805 ORLANDS TITLE Delete TITLE ☐ Change Addition GORDON, BRENDINA NAME NAME 4560 W. COLONIAL DR. STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED