

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027802

1. Entity Name

JOSEPH RICH, CPS, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90096 016 ***150.00

Principal Place of Business

131 SW CASTANA CT
PORT ST LUCIE FL 34983

Mailing Address

131 SW CASTANA CT
PORT ST LUCIE FL 34952-1419

2. Principal Place of Business

7410 So. U.S. Highway One

3. Mailing Address

7410 So. U.S. Highway One

Suite, Apt. #, etc.

Suite 305

Suite, Apt. #, etc.

Suite 305

City & State

Port St. Lucie FL

City & State

Port St. Lucie FL

Zip

34952

Country

U.S.A.

Zip

34952

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0822053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICH, JOSEPH J
SUITE 305
7410 SOUTH U.S. HIGHWAY ONE
PORT ST LUCIE FL 34952

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

Joseph J. Rich President

3/21/00

Signature, typed or printed name of registered agent and fee (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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	RICH, JOSEPH J	
STREET ADDRESS	131 SW CASTANA CT	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	RICH, BEVERLY A	
STREET ADDRESS	131 SW CASTANA CT	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rich, Joseph J.	
STREET ADDRESS	7410 So. U.S. Highway One, Suite 305	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rich, Beverly A.	
STREET ADDRESS	7410 So. U.S. Highway One, Suite 305	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverly A. Rich Beverly A. Rich 3/21/00 561-340-0011

Date

Daytime Phone #

CR20034 (9/99)