FILED
Apr 24, 2003 8:00 am
Secretary of State
04-10-2003 90090 019 ***150.00

4/1

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046437

1. Entity Name
ROSEMARIE RICHTER P.A.

55030480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3869 HUNTERS ISLE DR	3869 HUNTERS ISLE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32837 Country: ORANGE	Zip: 32837 Country: ORANGE

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3510494 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: ROSEMARIE RICHTER
Street Address (P.O. Box Number is Not Acceptable): 3869 HUNTERS ISLE DR
City: ORL FL FL Zip Code 32837

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] 4/18/03
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 $550.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ROSEMARIE RICHTER 3869 HUNTERS ISLE DR ORL, FL 32837	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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] ROSEMARIE RICHTER Pres. 4/7/03 407 826-5778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #