2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000048917 **DOCUMENT #**

1. Entity Name



Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90137 024 ***150.00

FILED

RICHARD L. BRYANT ASSOCIATES, INC.						3,1, 2000,3012, 02			
468 NORTHW	ee of Business EST 38TH TERRACE EACH FL 33442	468	Mailing Address 468 NORTHWEST 38TH TERRACE DEERFIELD BEACH FL 33442						
2. Principal F	Place of Business	1	3. Mailing Address					 	
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	te	City	City & State		4	4. FEI Number 65-0840815	er 65-0840815 Applied For Not Applicable		
Zip	Zip Country			Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
				Name					
BRYANT, RICHARD L 468 N.W. 38TH TERRACE				Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
DEERFIELD BEACH FL 33442				<u> </u>	<u></u> .				
				City		FL	Zip Code	∌	
	named entity submits thi tions of registered agent.	s statement for the purp	pose of changing its	registered office or	registered	d agent, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed or printed name	of registered agent and title if ap	plicable. (NOTE	Registered Agent signatu	e required who	nen reinstating) DATE			
Afte	ILE NOW!!! FEE IS r May 1, 2003 Fee will k Payable to Florida D	be \$550.00				Election Campaign Financing Trust Fund Contribution.		May Be	
		<u> </u>	1			ADDITIONS (ON ANIOSO TO OFFICERS ANI	DIRECTOR		
10.	PT	FICERS AND DIRECTO	□ Delete	title		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	
TITLE NAME	BRYANT, RICHARD L		□ Delete	NAME		·	CT Change	Addition	
STREET ADDRESS	468 NORTHWEST 38			STREET ADDRESS		~			
CITY-ST-ZIP	DEERFIELD BEACH I			CITY-ST-ZIP				ſ	
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	BRYANT, CAROLE			NAME		and the second s			
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CITY-ST-ZIP	DEERFIELD BEACH	FL 33442		CITY-ST-ZIQ	. •				
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NAME STREET ADDRESS	4			NAME					
CITY-ST-ZIP			•	STREET ADDRESS CITY-ST-ZIP				1	
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STREET ADDRESS				STREET ADDRESS			,	Į	

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #