

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

06-20-2001 90012 032 ***150.00
 09-18-2001 90005 001 ***400.00

DOCUMENT # P98000105777

1. Entity Name
RICHANN, INC.

Principal Place of Business
**277 SW PORT ST. LUCIE BLVD.
 PORT ST. LUCIE FL 34984**

Mailing Address
**277 SW PORT ST. LUCIE BLVD.
 PORT ST. LUCIE FL 34984**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0882996**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HATCH, ANN M
 277 SW PORT ST. LUCIE BLVD.
 PORT ST. LUCIE FL 34984**

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

(NOTE: Registered Agent signature required when reinstating)

9-10-01
 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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PVST
 HATCH, ANN M
 277 SW PORT ST. LUCIE BLVD.
 PORT ST. LUCIE FL 34984** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 HATCH, ANN M
 277 SW PORT ST. LUCIE BLVD.
 PORT ST. LUCIE FL 34984** ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/20/2001 AT

CR2E034 (5/01)

Attachment
Doc # 98080105777

© HARLAND Style 2

1 \$ STORE 12/99		C0071718		2252	
PH 561-344-1510					
277 S W PORT ST LUCIE BLVD					
PORT ST LUCIE, FL 34984					
DATE 6-15-01					
63-8735/2570					
BRANCH 39					
PAY TO THE ORDER OF Dept of State					
\$150.00					
one hundred fifty dollars					
FIDELITY FEDERAL BANK TRUST					
FOR Reclaimline 098000105777 Am State					
⑈002252⑈ ⑆267087358⑆ 2300000956269⑈ ⑆0000015000⑈					

Out 98000105777

06-22-01