

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039527

1. Entity Name
RICHES JEWELERS, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90287 019 ***150.00

Principal Place of Business
5401 S KIRKMAN ROAD #502
ORLANDO FL 32819

Mailing Address
5401 S KIRKMAN ROAD #502
ORLANDO FL 32819

2. Principal Place of Business
818 E. Colonial Dr.

3. Mailing Address
SAME

Suite, Apt. #, etc.
Orlando

Suite, Apt. #, etc.
SAME

City & State
Orlando FL

City & State
Orlando FL

Zip
32803

Country
USA

Zip
32803

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3572827**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILKINSON, TERRI
5401 S KIRKMAN ROAD #502
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name
WILKINSON, TERRI

Street Address (P.O. Box Number is Not Acceptable)
818 E. Colonial Dr.

City
Orlando

FL

Zip Code
32803

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 **Terri L. Wilkinson** **2/14/01**

Signature, typed or printed name of registered agent and title 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, 2001 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 D	<input type="checkbox"/> Delete
NAME ZEHNER, NANCY A	
STREET ADDRESS 323 OHIO AVE	
CITY-ST-ZIP LONGWOOD FL 32750	
TITLE D	<input type="checkbox"/> Delete
NAME WILKINSON, TERRI L	
STREET ADDRESS 4747 S WASHINGTON AVE #111	
CITY-ST-ZIP TITUSVILLE FL 32780	
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 President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE U. P.	<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: **Terri L. Wilkinson** **2/14/01** **407-248-9555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

03/10/01

CR2E034 (10/00)