

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90037 033 ***150.00

DOCUMENT # P99000046533

1. Entity Name

RICHARD PRICE AND ASSOCIATES, INC.

Principal Place of Business

**400 VILLA GRANDE AVENUE S.
 ST. PETERSBURG FL 33707**

Mailing Address

**400 VILLA GRANDE AVENUE S.
 ST. PETERSBURG FL 33707**

2. Principal Place of Business

P.O. BOX 10925

Suite, Apt. #, etc.

ST PETERSBURG

City & State

FLORIDA

3. Mailing Address

P.O. BOX 10925

Suite, Apt. #, etc.

ST PETERSBURG

City & State

FLORIDA

Zip

33733

Country

USA.

Zip

33733

Country

USA

6. Name and Address of Current Registered Agent

**ACCOUNTING & TAX HELP, INC.
 8668 PARK BLVD SUITE A
 SEMINOLE FL 33777**

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

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 **PO** ☐ Delete
 NAME **PRICE, RICHARD**
 STREET ADDRESS **400 VILLA GRANDE AVE S.**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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: **RICHARD PRICE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

00046533



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3577720**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required