FILED May 01, 2003 8:00 am Secretary of State

$\boldsymbol{\Box}$
ж.
v.
ന
•:
-
_
_
v
0
-
ъ.

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900055648 1. Entity Name RICHARD VAUGHAN ASSOCIATES, INC.								05-01-2003	•			
Principal Plac 6029 DEACON SARASOTA FI	N PLACE	S	Mailing Address 6029 DEACON PLACE SARASOTA FL 34238							Bt dugs Brigg år	III 8.486 (8) (80)	
2. Principal F	Diana of Punis	1000	3. Mailing Address									
2. (-1)))Cipa) F	lace of Cidsii		J. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Stat	e		City & State				4. FEIN	Number 65-092786	7		Applied For Not Applicable	e
Zip Country			Zip	try		5. Certi	ificate of Status Desired		\$8.75 / Fee Requ			
	6. Name	and Address of Current	Registered Agent				7. Nam	e and Address of New	Registere	d Agent		╛
	*				Name							
GEIMER, I	Larry Gland Blv	D		Street Address (P.O. Box Number is Not Acceptable)						7		
#890			ر می ک ونی سیمی میکند. در میکار میکار میکارد از می									_ _
SARASOT	A FL 34236			City					F	Zip C	ode	7
SIGNATURE . F After	Signature, typed ILE NOW!! r May 1, 200	or printed name of registered agent ! FEE IS \$150.00 !3. Fee will be \$550.00 !4. Forida Department of		(NOTE: Registered	d Agent signatu	ure required wh		9. Election Campaign F Trust Fund Contribut		\$5	.00 May Be	-
10,		OFFICERS AND	<u></u>	<u></u>			ADDITI	ONS/CHANGES TO OF	FICERS AI	ND DIRECTO	ORS IN 11	\dashv
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1848 SOU	, RICHARD THPOINTE DRIVE A FL 34231	Z € Uelete	TITLE NAME STRE		PUST PALLE 3886 SARAS	N, RI EAST	CLYPARD E, JR TON ST. , FL 34238		☐ Chang		1 20/01/ 760=
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLEN, RIG 3886 EAST	CHARD E JR.	☐ Delete		1	<u> </u>	1			☐ Chang	e 🔲 Addition	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Chang	e Addition	1
TITLE NAME STREET ADDRESS			☐ Defete		I ADDRESS					☐ Chang	e 🔲 Addition	- - -
CITY-ST-ZIP TITLE. NAME STREET ADDRESS			Delete	TITLE NAME STREE	T AODRESS -					Chang	e Addition	= = = =
CITY-ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREE						Chang	e Addition	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
indicated	on this repor	e information supplied with t or supplemental report is e receiver or trustee empo	true and accurate and	that my signat	ure shall ha	ave the sar	me legal	l effect as if made under	oath; that	I am an offic	er or director	7

Daytime Phone #