

FILED
Mar 06, 2003 8:00 am
Secretary of State

1000000000

DOCUMENT #		S12477			
1. Entity Name RICHARD A. PAUL, P.A.					
Principal Place of Business 429 E. MAGNOLIA AVE. EUSTIS FL 32726			Mailing Address 429 E. MAGNOLIA AVE. EUSTIS FL 32726		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent					
PAUL, RICHARD A. 429 E. MAGNOLIA AVE. EUSTIS FL 32757				Name	
				Street Address (if different from above)	
				City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PT PAUL, RICHARD A 1430 EDITH ST EUSTIS FL ☐ Delete		11.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

4. FEI Number	59-2944761	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

PAUL, RICHARD A.
429 E. MAGNOLIA AVE.
EUSTIS FL 32757

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
-----	------------------------

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
-----	---

TITLE	PT	☐ Delete
NAME	PAUL, RICHARD A	
STREET ADDRESS	1430 EDITH ST	
CITY - ST - ZIP	EUSTIS FL	

TITLE	☐ Change	☐ Addition
-------	---------------------------------	-----------------------------------

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY OF ZIP	

TITLE	
NAME	☐ Delete
STREET ADDRESS	
CITY, ST, ZIP	

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

CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS

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

CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	

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

NY-ST-ZIP	CITY-ST-ZIP
-----------	-------------

2. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD F. PAULSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352
2/8/03 357-3141
Date Naughtime Phone #

CR2E034 (10/02)