PROFIT CORPORATION ANNUAL REPORT 1999



Mailing Address

100 2ND AVE. SO

2a. Mailing Address

ST PETERSBURG FL 33701

Suite, Apt. #, etc.

SUITE 600

26

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S24022**

1. Corporation Name

Principal Place of Business 100 2ND AVE. SO.

ST PETERSBURG FL 33701

Suite, Apt, #, etc.

2. Principal Place of Business

SUITE 600

RICHARD G. ULRICH, P.A.

22		. 27.		<u> </u>							5 1100	uiieu
City & State	9	City o	City & State				Election Campaign Final Trust Fund Contribution	ncing				May Be Fees
Zip	Country	Zip	Zip Coul				8. This corporation owes th	e curre	nt year Inta	ngible		
24	25	29	¬ ' — —				Personal Property Tax.			ŬYes	(⊒No
	9. Name and Address of Current			<u> </u>			10. Name and Address of	New R	egistered A	gent		
				81	Na	me						
CUSHMAN, THOMAS R					Str		ss (P.O. Box Number is Not A	canntal	olo)			
696 FIRST AVE N					50	reet Addres	SS (P.O. BOX NUMBER IS NOT A	cceptai	Ji e j			ļ
SUITE 201						_						
ST PETERSBURG FL 33701										11		
					84 City FL 85 Zip							
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered												
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.						атна надпива м	ADDITIONS/CHANGES T	O OFF		DIRE	CTOF	RS IN 12
TITLE	DPST	DELETE	1,1 TITLE						☐ Cha		☐ Addition	
NAME	ULRICH, RICHARD G.		_	1.2 NAME								
STREET ADDRESS	100 2ND AVE SO. SUITE 600			1.3 STREET	T ADDS	RESS						
	ST PETERSBURG FL			1.4 CITY-S1								
CITY-ST-ZIP	OT TETERODOTIONE		DELETE	2.1 TITLE	/1 · ZII					☐ Cha	nge	Addition
NAME			•	2.2 NAME								
STREET ADORESS	•			2.3 STREET	TADOF	RESS			•			
City-ST-ZIP		• •	_	2.4 CITY-S								
TITLE			DELETE	3.1 TITLE						☐ Cha	nge	Addition
NAME	•		_	3.2 NAME								
STREET ADDRESS				3.3 STREET	T ADDF	RESS						
CITY-ST-ZIP				3.4. CITY-S	ST-ZIP							
TITLE			DELETE	4.1 TITLE			-		_	☐ Cha	nge	☐ Addition
NAME				4.2 NAME								
STREET ADDRESS				4.3 STREET	T ADDI	RESS						
CITY-ST-ZIP			·	4.4 CITY+S	T-ZiP							
TITLE			☐ DELETE	5.1 TITLE						☐ Cha	nge	☐ Addition
NAME			i	5.2 NAME								
STREET ADDRESS				5.3 STREET	TADDF	RESS						
CITY-ST-ZIP				5.4 CITY-S	T-ZIP							
TITLE			☐ DELETE	6.1 TITLE						Cha	nge	Addition
NAME				6.2 NAME		İ	•					
STREET ADDRESS	•			6.3 STREET	T ADDF	RESS						
CITY-ST-ZIP				6.4 CITY-S1	T-ZIP							

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Not Applicable

FILED

Jul 01, 1999 8:00 am Secretary of State

07-01-1999 90004 026 ***550.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

01/05/1991 4. FEI Number

65-0232042

CR2E034 (11/98)