

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

000000 AT

04-22-2002 90247 009 \*\*\*150.00

**DOCUMENT # S70519**

1. Entity Name  
**RICHARD CUCCHI'S CADDY CARTS, INC.**

Principal Place of Business      Mailing Address

**510 PAUL MORRIS DR.**      **PO BOX 145**  
**ENGLEWOOD FL 34223**      **ENGLEWOOD FL 34223**  
**US**      **US**

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2. Principal Place of Business      3. Mailing Address

**12691 S. Tamiami Tr.**      **12691 S. Tamiami Tr.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State

**Warm Mineral Springs, FL**      **Warm Mineral Springs, FL**

Zip      County      Zip      County

**34287**      **USA**      **34287**      **USA**

4. FEI Number      Applied For

**65-0277501**       Not Applicable

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

6. Name and Address of Current Registered Agent

**CUCCHI, RICHARD**  
**510 PAUL MORRIS DR.**  
**ENGLEWOOD FL 34223**

7. Name and Address of New Registered Agent

Name      **Cucchi, Richard**

Street Address (P.O. Box Number is Not Acceptable)

**12691 S. Tamiami Tr.**

City      State      Zip Code

**Warm Mineral Springs      FL      34287**

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:      DATE: **4-10-02**

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

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P</b>	<b>CUCCHI, RICHARD</b>	<b>510 PAUL MORRIS DR.</b>	<b>ENGLEWOOD FL</b>	<input type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:      DATE: **4-10-02**      DAYTIME PHONE #: **941-474-4747**

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

CR2E034 (9/01)