2001 **UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 19, 2001 8:00 am
Secretary of State
09-19-2001 90123 020 ***550.00

0525136

DOCUMENT # V01850

1. Entity Name

TOM RICHARDS, INC.

Principal Place of Business	Mailing Address
2670 ST ANDREWS BLVD TARPON SPRINGS FL 34689	2670 ST ANDREWS BLVD TARPON SPRINGS FL 34684-1239

A0086731

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
28059 US HWY 19 NORTH	28059 US HWY 19 NORTH
Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc. SUITE 100
City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip: 33761 Country: USA	Zip: 33761 Country: USA

4. FEI Number 34-1257334 ☐ 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
BURKE, ROBERT C JR 28059 U.S. HWY 19 NORTH, SUITE 100 CLEARWATER FL 33761	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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS RICHARDS, TOM 2670 ST. ANDREWS BOULEVARD TARPON SPRINGS FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS RICHARDS, TOM 36750 US HIGHWAY 19 NORTH, UNIT #2056-58 PALM HARBOUR, FL 34684	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RICHARDS, SUSAN 2670 ST. ANDREWS BOULEVARD TARPON SPRINGS FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RICHARDS, SUSAN 36750 US HIGHWAY 19 NORTH, UNIT #2056-58 PALM HARBOUR, FL 34684	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STEWART, MICHEAL J 7010 LINSDEY DR MENTOR OH 44060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P & CEO STEWART, MICHAEL J 7010 LINDSEY DRIVE MENTOR OH 44060	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date