

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90010 048 ***150.00

00058151

DO NOT WRITE IN THIS SPACE

DOCUMENT # V68739
1. Entity Name
RIOS- REICH & ASSOCIATES, ARCHITECT, P.A.

Principal Place of Business 217 BOATING CLUB RD.
ST. AUGUSTINE, FL 32095
Mailing Address SAME

2. Principal Place of Business
217 BOATING CLUB RD
3. Mailing Address
217 BOATING CLUB RD.

City & State
ST. AUGUSTINE, FL
City & State
ST. AUGUSTINE
Zip 32095 **Country** USA
Zip 32095 **Country** USA

4. FEI Number
59-3143983
Applied For
☐ **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LARRY COLLINS
415 NW 1 AVE
OCCALA, FL 34475

7. Name and Address of New Registered Agent
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, 2000 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	<u>PRESIDENT</u> <u>MARY H. RIOS</u> <u>217 BOATING CLUB RD.</u> <u>ST. AUGUSTINE, FL 32095</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: MARY H. RIOS **MARY H. RIOS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **5.5.00** 904/823-2358
 Date Daytime Phone #

CR2E034 (9/99)