

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

02-06-2003 90086 004 ***150.00

DOCUMENT # F99000005682

1. Entity Name
THE RAFFENSPERGER CORPORATION



Principal Place of Business
10335 BELLADRUM
ALPHARETTA GA 30022

Mailing Address
10335 BELLADRUM
ALPHARETTA GA 30022

22003797



2. Principal Place of Business
1255 Buford Hwy

3. Mailing Address
1255 Buford Highway

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
Suwanee, GA

City & State
Suwanee, GA

Zip
30024

Country
USA

Zip
30024

Country
USA

4. FEI Number **58-1601002**

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

BAILEY, WILLIAM C
2800 YACHT CLUB BLVD.
FT. LAUDERDALE FL 33304

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
RAFFENSPERGER, BRADFORD J
10335 BELLADRUM
ALPHARETTA GA

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-03

Date

678-835-1100

Daytime Phone #

CR2E034 (10/02)