

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Pg 1087

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DOCUMENT # 351883

1. Entity Name  
RA-CO INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR 14 AM 7:46

Principal Place of Business  
875 LAKEWOOD CIRCLE  
MERRITT ISLAND FL 32952  
US

Mailing Address  
P.O. BOX 540845  
MERRITT ISLAND FL 32954  
US



2. Principal Place of Business

150 Smith Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

MERRITT ISLAND, FL

City & State

MERRITT ISLAND, FL

4. FEI Number

59-1309643

Applied For

Not Applicable

Zip

Country

32953

Zip

Country

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

6. Name and Address of Current Registered Agent

KOONTZ, COY A  
875 LAKEWOOD CIRCLE  
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name  
Coy A. Koontz

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

150 Smith Rd.

MERRITT ISLAND, FL

City

FL

Zip Code

32953

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/03

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  
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDSO  
KOONTZ, JR COY A  
875 LAKEWOOD CIRCLE  
MERRITT ISLAND FL 32952 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
150 Smith Rd.,  
MERRITT ISLAND, FL. 32953 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

DATE

Daytime Phone #

CR2E034 (10/02)

19/2/83  
Linda Koontz

Andy:

Enclosed is Ra-Co # 351843.

As we discussed, no fee is  
due because of our payment  
last year.

Thanks so much for your  
assistance —

LAK

321-459-3457