2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT # 549098

1. Entity Name

RABAT OPERATIONS, INC.

Principal Place of Business

ST. AUGUSTINE FL 32084

Suite. Apt. #, etc.

City & State

Zip

SIGNATURE

2. Principal Place of Business

28 CORDOVA STREET



Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

28 CORDOVA STREET

ST. AUGUSTINE FL 32084



FILED

Feb 14, 2003 8:00 am

Secretary of State

02-14-2003 90181 029 ***150.00

☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-1800850

> \$8.75 Additional Fee Required

Not Applicable

\$5.00 May Be

Added to Fees

7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name

Country

PELLICER, CHARLES E. 28 CORDOVA ST ST. AUGUSTIN FL 32084

Street Address (P.O. Box Number is Not Accept

Zin Code City

5. Certificate of Status Desired

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 a obligations of registered agent.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

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

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. ☐ Change ☐ Addition TITLE Delete TITLE NAME CHAMPION, GEORGE JR NAME STREET ADDRESS 28 CORDOVA ST STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE, FL CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of the corporation of the receiver of trustee empowered.

SIGNATURE:

Fr. 8 10, 03 321 - 773 - 4037

CR2E034 (10/02)