

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90140 029 ***550.00

DOCUMENT # F94000002557

1. Entity Name
RASKAS FOODS, INC.

Principal Place of Business

**165 NORTH MERAMEC #300
ST LOUIS MO 63105**

Mailing Address

**165 NORTH MERAMEC #300
ST LOUIS MO 63105**

975023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **43-1548636**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE **PD** ☐ Delete
NAME **RASKAS, HESCHEL J**
STREET ADDRESS **165 NORTH MERAMAC, STE 200**
CITY-ST-ZIP **ST LOUIS MO**

TITLE **VSD** ☐ Delete
NAME **LYONS, SIMCHA G**
STREET ADDRESS **165 NORTH MERAMAC, STE 200**
CITY-ST-ZIP **ST LOUIS MO**

TITLE **TD** ☐ Delete
NAME **RASKAS, STANLEY I**
STREET ADDRESS **165 NORTH MERAMAC, STE 200**
CITY-ST-ZIP **ST LOUIS MO**

TITLE **V** ☐ Delete
NAME **THIBEAULT, EDWARD D**
STREET ADDRESS **165 NORTH MERAMAC, STE 200**
CITY-ST-ZIP **ST LOUIS MO**

TITLE **V** ☐ Delete
NAME **SCHEUERMAN, RICHARD R**
STREET ADDRESS **165 NORTH MERAMAC, STE 200**
CITY-ST-ZIP **ST LOUIS MO**

TITLE **V** ☐ Delete
NAME **COKER, RICHARD N**
STREET ADDRESS **165 NORTH MERAMAC, STE 200**
CITY-ST-ZIP **ST LOUIS MO**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

CR2E034 (4/02)

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: **REQUIRED** Richard R. Scheuerman 8/8/02 (314) 727-9992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #