

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002566

1. Entity Name

RAITT CORPORATION

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90045 003 ***150.00

Principal Place of Business
815 W. SAMPLE
SOUTH BEND IN 46601

Mailing Address
815 W. SAMPLE
SOUTH BEND IN 46601-2845

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 35-1010770

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FISHMAN, ALAN S P.A.
2300 W. SAMPEL RD., #202
POMPANO BEACH FL 33073

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	<input type="checkbox"/> Delete
P	CHODOCK, JAY	815 W. SAMPLE	SOUTH BEND IN 46601	<input type="checkbox"/>
S	NANCY CHADOCK	815 W. SAMPLE	SOUTH BEND IN 46601	<input type="checkbox"/>
VP	ROBERT DUNBAR	815 W. SAMPLE	SOUTH BEND IN 46601	<input type="checkbox"/>
C	RAITZIN, SAMUEL	815 W SAMPLE	SOUTH BEND IN	<input type="checkbox"/>
T	DONA WEINRAUB	815 W SAMPLE ST	SOUTH BEND IN 46601	<input type="checkbox"/>
D	SHIRLEY RAITZIN	815 W SAMPLE ST	SOUTH BEND IN 46601	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P/D	Jay Chodock	Same	Same	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S/D	Nancy Chodock	Same	Same	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	no change			<input checked="" type="checkbox"/>	<input type="checkbox"/>
C/D	Samuel Raitzin	same	same	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T/D	Dona Weinraub	same	same	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	no change			<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

519-287-8022

Daytime Phone #

CR2E034 (9/99)