

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90171 023 ***150.00

0149489 MB

DOCUMENT # F94000004829

1. Entity Name
RACO COMMUNICATIONS, INC.



Principal Place of Business
**2000 LOTUS DR
GRETNA VA 24557
US**

Mailing Address
**P.O. BOX 265
GRETNA VA 24557**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **56-1598827**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWELL, OWEN N
201 N. ETHERIDGE ST.
BONIFAY FL 32425**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT RIDDLE, DALLAS F 2000 LOTUS DR GRETNA VA 24557	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YORK, FILMORE D 2000 LOTUS DR GRETNA VA 24557	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOTLEY, KEITH R 2000 LOTUS DR GRETNA VA 24557	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **R. Keith Motley**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-03

Date

434-656-6676

Daytime Phone #

CR2E034 (4/03)

Attachment

90142377
F94000004829



Raco, Inc.

TELEPHONE CONSTRUCTION SPECIALISTS
P.O. BOX 265 GRETNA, VIRGINIA 24557 (434) 656-6676
FACSIMILE (434) 656-6678

July 8, 2003

To: Whom It May Concern

**Florida Department of State
Uniform Business Report
PO Box 1500
Tallahassee, Fl. 32302-1500**

We have been informed that information from the Department of State regarding our Uniform Business Report and license renewal should have been sent to us some time ago. To date that information has not been received. I called the Division of Corporations and was advised to download and print the form, and submit the form AND a check (for \$150.) to your office. We didn't know that anything further needed to be done until we received certain information and guidance from the Department of State.

Please accept the enclosed UBR and \$150. check as part of the process required for license renewal. Please also let me know if you need additional information or if there are any problems with this submission.

Thank you very much for your assistance and guidance relative to this matter.

Sincerely,

**Oscar M. Robertson
Chief Administrative Officer**