

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90051 008 ***150.00

DOCUMENT # F98000004149

1. Entity Name

RA EQUIPMENT CORP

N/C NOT FILED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11400 REICHOLD ROAD

Suite, Apt. #, etc.

3. Mailing Address

11400 REICHOLD ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GULFPORT, MS

City & State

GULFPORT, MS

4. FEI Number

62-0893207

Applied For

Not Applicable

Zip

39503

Country

USA

Zip

39503

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PRES, CEO, DIRECTOR

ROY ANDERSON III

11400 REICHOLD ROAD

GULFPORT, MS 39503

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CHAIRMAN, SECR, DIRECTOR

ROY ANDERSON JR

11400 REICHOLD ROAD

GULFPORT, MS 39503

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CORPORATE TREASURER

ROBERT P. VOLLENWEIDER

11400 REICHOLD ROAD

GULFPORT, MS 39503

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DIRECTOR

DAVID M. WHITE

11400 REICHOLD ROAD

GULFPORT, MS 39503

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert P. Vollenweider

ROBERT P. VOLLENWEIDER

04/08/02 (228) 896-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)