2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G20562 DOCUMENT

1. Entity Name

RAIDERS OF THE LOST ART, INC.



May 01, 2003 8:00 am & Secretary of State

05-01-2003 90389 041 ***150.00

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2321 NW 66T	ce of Business TH COURT	2321 N	Mailing Address 2321 NW 66CT								
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GAINESVILLE US	rl 32033		GAINESVILLE FL 32653 US								
	Place of Business		3. Mailing Address								
Z. Fillolpair	-iace of business	J. IVIAIIII	ig Address								
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	е	City &	City & State			4. FEI N				oplied For ot Applicable	
Zip Country		Zip	Zip Coun			5. Certificate of Status Desired		d \$8.75 Additional Fee Required			
	6. Name and Address of Curre	ent Registered	Agent			7. Name	e and Address of New	w Registered Ag	jent		
			وروم السلم والرحوالة		Name						
NELSON,	ROBERT		Street Address			P.O. Box Number is Not Acceptable)					
6100 NW	54TH TERR.		Street Add			5 II. O. DOX MULTIDEL IS INVI MCCAPITADIE)					
GAINESVI	LLE FL 32653										
				H	City			FL	Zip Code	e	
	named entity submits this statementions of registered agent.	nt for the purpos	se of changing its re	egistered (office or registere	ed agent, o	or both, in the State of	Florida. I am fa	miliar with,	and accept	
?.										}	
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applic	able. (NOTE: F	Registered Ag	ent signature required	when reinstation	ng)	DATE			
- E	ILE NOW!!! FEE IS \$150.00					7		·			
	r May 1, 2003 Fee will be \$550.	າດ				9	Election Campaign			O May Be	
	k Payable to Florida Departmen						Trust Fund Contribu	ution.	Added	to Fees	
10.	OFFICERS A	ND DIRECTOR		11.		ADDITION	ONS/CHANGES TO C	DEFICERS AND D	DIRECTOR:	S IN 11	
THTLE	DSP		☐ Delete	TITLE					Change	Addition	
NAME	NELSON, ROBERT			NAME							
STREET ADDRESS	6100 NW 54TH TERR.			STREET A	DDRESS						
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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:

CONTROL LESSUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #