

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90012 027 \*\*\*400.00  
 06-26-2001 90007 004 \*\*\*150.00

**DOCUMENT # G59695**

1. Entity Name

**RAP TECHNICAL CORPORATION**

Principal Place of Business

1101 SOUTH FAIRFIELD DRIVE  
 PENSACOLA FL 32506  
 US

Mailing Address

P O BOX 3070  
 PENSACOLA FL 32516-3070  
 US

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 **59-2332227**

Applied For

Not Applicable

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

**PITMAN, DOUGLAS R.**  
**6802 DERWENT ST**  
**PENSACOLA FL 32506**

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 state 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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PITMAN, RICHARD A</b> <b>7185 SCHWAB DRIVE</b> <b>PENSACOLA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PITMAN, DOUGLAS R</b> <b>6802 DERWENT ST</b> <b>PENSACOLA FL</b>	<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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 IKS empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6/28/01 8:50-4570302**

CRE034 (10/00)

Attachment  
DOCT# G59695  
C0074474



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 27, 2001

RAP TECHNICAL CORPORATION  
P O BOX 3070  
PENSACOLA, FL 32516-3070 US

Subject: RAP TECHNICAL CORPORATION

Reference Number: G59695

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/MS  
ANNUAL REPORTS SECTION

# *RAP Technical Corp.*

CONTROL AND INSTRUMENTATION SYSTEMS  
CONSTRUCTION, MAINTENANCE  
AND ENGINEERING

P.O. BOX 3070 PENSACOLA, FL 32516-3070

(904) 457-0302

FAX (904) 457-0874

*Attachment*

*Doc # G-59695*

*C0074474*

June 5, 2001

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

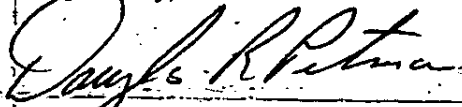
To Whom It May Concern:

We ask that you please waive the late filing fee due to the following circumstances:

We had one officer of the company working on a project out of town and the other officer that was running the office became critically ill and was out of the office much of the time himself. We had complete trust in our secretary who was taking care of our bookkeeping responsibilities. A few weeks ago she failed to show up for work and didn't call in. After a couple of days we became suspicious and started pulling files. We discovered that she had taken files out of the office and had not taken care of any of our bookkeeping, in fact, she had been embezzling from the company. We are now in the process of gathering evidence to prosecute her. We have also hired a bookkeeper to get our books back in order so we can operate in a professional manner.

We apologize for the tardiness and payment of this report. Your consideration in this matter is greatly appreciated.

Respectfully,



Douglas R. Pitman  
Vice President

DP/pm