

2003 FOR PROFIT CORPORATION UNIFORM-BUSINESS-REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90479 043 ***150.00

DOCUMENT # J13014

1. Entity Name
RALCO GROUP, INC.



Principal Place of Business
**2901 32ND ST. SO.
ST. PETERSBURG FL 33712**

Mailing Address
**RALCO GROUP, INC.
P.O. BOX 530247
ST PETERSBURG FL 33747
US**

2. Principal Place of Business
**4780 BRITTANY DR #9
ST PETERSBURG, FL**

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2667786**

Applied For
Not Applicable

Zip **33715** Country **PINEHILLS**

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

**SNYDER, LENA F.
4780 BRITTANY DRIVE, SOUTH
#9
ST. PETERSBURG FL 33715**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 ☐ Delete
NAME **P SNYDER, LENA**
STREET ADDRESS **4780 BRITTANY DR S #9**
CITY-ST-ZIP **ST. PETERSBURG FL 33715**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V SNYDER, LENA F.**
STREET ADDRESS **4780 BRITTANY DR. S. 19**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Signature Required**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-10-03** Daytime Phone # **866-9276**

CR2E034 (10/02)