

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91866 003 ***150.00

DOCUMENT # **J72447**

1. Entity Name

RAFFERTY'S GASOLINE ALLEY, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

82760 Overseas Highway

3. Mailing Address

P. O. Box 16

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Islamorada,

City & State

Florida 33036

4. FEI Number

59-2807301

Applied For

Not Applicable

Zip

33036

Country

Monroe

Zip

33036

Country

M

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Rafferty, George

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

119 Bee Street

Tavernier, Fl.

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAFFERTY, GEORGE
119 Bee Street
Tavernier, Fl. 33070**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAFFERTY, JOAN
119 Bee Street
Tavernier, Fl. 33070**

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

[Signature]

JOAN RAFFERTY

Date

4/29/03

Daytime Phone #

305-852-5722

CR2E034B (12/02)