

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-02-2002 90928 044 ***150.00

0030644 AV

DOCUMENT # J96025

1. Entity Name

RAG WEST SALES, INC.

#1707 3/26/2 \$180-

Principal Place of Business

% WAYNE A. WOLF
 378 PABLO POINT DRIVE
 JACKSONVILLE FL 32225

Mailing Address

% WAYNE A. WOLF
 378 PABLO POINT DRIVE
 JACKSONVILLE FL 32225



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3212346

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WOLF, WAYNE A.
 3733 UNIVERSITY BLVD.
 SUITE 106
 JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

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 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)

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 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 DPT
 NAME WEST, RICHARD C.
 STREET ADDRESS 378 PABLO POINT DR.
 CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE NAME DVS
 NAME WEST, GERALDINE A.
 STREET ADDRESS 378 PABLO POINT DR.
 CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE NAME
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE NAME
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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
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 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE NAME
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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 like and empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-26-02 (904) 221-5859

CR2E034 (9/01)