

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K05183

1. Entity Name

ROY RAKER, P.A.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90040 029 ***150.00

Principal Place of Business

Mailing Address

RT. 5 BOX 12
HAVANA FL 32333
US

P.O. BOX 3968
TALLAHASSEE FL 32315-3968

100411000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

L Carol Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Havana, FL

City & State

4. FEI Number

59-2856577

Applied For

Not Applicable

Zip

32333

Country

USA

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

RAKER, CLARENCE L
RT. 5 BOX 12
HAVANA FL 32333

Name

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

1 Carol Ct.

City

Havana

FL

Zip Code

32333

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

Clarence L Raker

4/15/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
RAKER, ROY
RT 5 BOX 12
HAVANA FL 32333 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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 empowered.

SIGNATURE:

Signature of Clarence L Raker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/00 (850) 539-4732