

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90131 003 ***150.00

DOCUMENT # K79012

1. Entity Name

RAVEN PRODUCTS, INC.

Principal Place of Business

%RAYMOND G. AVENENGO
 131 TOMAHAWK DR., UNIT 3-B
 INDIAN HARBOUR BEACH FL 32937

Mailing Address

%RAYMOND G. AVENENGO
 131 TOMAHAWK DR., UNIT 3-B
 INDIAN HARBOUR BEACH FL 32937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

315 PAINT ST.

3. Mailing Address **405 CARDINAL DR.**

RAYMOND AVENENGO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY A 5

City & State

ROCKLEDGE FL

City & State

SATELLITE BEACH FL

Zip

Country

32955 BREVARD

Zip

Country

32937 BREVARD

4. FEI Number

59-2947845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

AVENENGO, RAYMOND G.
131 TOMAHAWK DR., UNIT 3-B
INDIAN HARBOUR BEACH FL 32937

7. Name and Address of New Registered Agent

Name
RAYMOND G. AVENENGO
 Street Address (P.O. Box Number is Not Acceptable)
405 CARDINAL DR.
 City
SATELLITE BEACH FL Zip Code
32937

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	D	<input type="checkbox"/> Delete
NAME	AVENENGO, RAYMOND G.	
STREET ADDRESS	405 CARDINAL DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Raymond G. Avenengo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-06-02 321-723-8621
 Date Daytime Phone #

CR2E034 (9/01)