

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90088 003 ***150.00

DOCUMENT # K79012

1. Entity Name
RAVEN PRODUCTS, INC.



Principal Place of Business

**315 PAINT ST
BAY A 5
ROCKLEDGE, FL 32955**

Mailing Address

**405 CARDINAL DRIVE
~~151 TONAWANDA DR., UNIT 3-B~~
SATELLITE BEACH, FL 32937**

2. Principal Place of Business

**315 Paint St.
Suite, Apt. #, etc.
BAY 5**

3. Mailing Address

**405 Cardinal Dr
Suite, Apt. #, etc.**



☒ CHECK HERE IF MAKING CHANGES

City & State

Rockledge, FL

City & State

Satellite Beach, FL

Zip

32955

Country

USA

Zip

32937

Country

USA

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.
405 CARDINAL DR
SATELLITE BEACH, FL 32937**

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. 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's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$160.00
After May 1, 2003 Fee will be \$350.00
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

TITLE **D** ☐ Delete
NAME **AVENENGO, RAYMOND G.**
STREET ADDRESS **405 CARDINAL DRIVE**
CITY-ST-ZIP **SATELLITE BEACH, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

Raymond Avenengo **RAYMOND AVENENGO** **3-10-03** **321-773-8621**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)