

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L70676

1. Entity Name

RAGBAB, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90089 032 ***150.00

Principal Place of Business Mailing Address
4670 SOUTH ORANGE BLOSSOM TRAIL 4670 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32839-1706 ORLANDO FL 32809-3903
US US

2. Principal Place of Business 3. Mailing Address
1320 W. OAKRIDGE RD. 1320 W. OAKRIDGE RD.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ORLANDO, FL ORLANDO, FL

Zip Country Zip Country
32809-3903 USA 32809-3903 USA

4. FEI Number 59-3049933 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIROUX, ROBERT A.
4022 SEABRIDGE DR.
ORLANDO FL 32839-3241

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GIROUX, ROBERT A.
STREET ADDRESS 4022 SEABRIDGE DR.
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Delete
NAME BOGOSLAVSKY, BRUCE A.
STREET ADDRESS 4022 SEABRIDGE DR.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)