

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90501 038 ***150.00

DOCUMENT # L92870

1. Entity Name

R.A.T. PERFORMANCE INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

80058796

2. Principal Place of Business

2801 ANVIL ST N

3. Mailing Address

2801 ANVIL ST N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3027597

Applied For

Not Applicable

Zip

33710

Country

Zip

33710

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RICHARD W. MASTRY

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

2801 ANVIL ST N

City

ST. PETERSBURG

FL

Zip Code

33710

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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: P
MASTRY, RICHARD W.
STREET ADDRESS
2220 PINELLAS PT. DR.
CITY-ST-ZIP
ST PETERSBURG, FL 33712

TITLE
NAME: V
MASTRY, ADIB A.
STREET ADDRESS
1281 74TH ST S
CITY-ST-ZIP
ST PETERSBURG, FL 33707

TITLE
NAME: ST
MASTRY, CONSTANTINE E.
STREET ADDRESS
8360 73RD COURT
CITY-ST-ZIP
PINELLAS PARK, FL 33781

TITLE
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STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Constantine E. Mastry

CONSTANTINE E. MASTRY

Date

3/27/02 7275229471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/01)