

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90371 019 ***150.00

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1. Entity Name
RAUSHER AND HERMAN ENTERPRISES, INC.



Principal Place of Business
7770 W. OAKLAND PARK BLVD.
SUITE 240
SUNRISE FL 33351

Mailing Address
7770 W. OAKLAND PARK BLVD.
SUITE 240
SUNRISE FL 33351



2. Principal Place of Business
8360 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.
SUITE 101

City & State
SUNRISE, FL

Zip Country
33351 USA

3. Mailing Address
8360 W OAKLAND PARK BLVD

Suite, Apt. #, etc.
SUITE 101

City & State
SUNRISE, FL

Zip Country
33351 USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0978302

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAUSHER, MITCHELL
7770 W. OAKLAND PARK BLVD.
SUITE 240
SUNRISE FL 33351

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
NAME RAUSHER, MITCHELL
STREET ADDRESS 7770 W. OAKLAND PARK BLVD., #240
CITY-ST-ZIP SUNRISE FL 33351

TITLE
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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 8360 W OAKLAND PARK BLVD, #101
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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: Mitchell Rausher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03
Date

Daytime Phone #

CR2E034 (10/02)