

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90032 045 ***150.00

DOCUMENT # P00000014938

1. Entity Name

RAA ENTERPRISES, INC.

Principal Place of Business

**10639 US HWY. 301 S.
HAMPTON FL 32044**

Mailing Address

**P.O. BOX 178
RAIFORD FL 32044**

2. Principal Place of Business

10591 U.S. Hwy. 301 South

Suite, Apt. #, etc.

3. Mailing Address

10591 U.S. Hwy. 301-South

Suite, Apt. #, etc.

City & State
Hampton, Fl

City & State
Hampton, Fl

4. FEI Number
59-3660512

Applied For
Not Applicable

Zip
32044

Country
United States

Zip
32044

Country
United States

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

6. Name and Address of Current Registered Agent

**JOHNS, WILLIAM GLENN
10639 US HWY. 301 S.
HAMPTON FL 32044**

7. Name and Address of New Registered Agent

Name **Wilbur W Rogers**
Street Address (P.O. Box Number is Not Acceptable)
10591 U.S. Hwy 301 S.
Hampton Fl 32044
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 **Wilbur W Rogers** **Wilbur W. Rogers, President** **4/25/01**
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	President Johns, William G. 10639 U.S. Hwy. 301 South Hampton Fl 32054	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Wilbur W. Rogers 10591 U.S. Hwy. 301 South Hampton, Fl 32044	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rita E. Rogers 10591 U.S. Hwy. 301-South Hampton, Fl 32044	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Rita E. Rogers 10591 U.S. Hwy. 301-South Hampton, Fl. 32044	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Wilbur W Rogers** **President** **4/25/01** **352/ 745-0268**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)