

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

0416131 AV

DOCUMENT # P00000019136

1. Entity Name
R.A.I. ENTERPRISES, INC.

03-22-2002 90034 001 ***158.75

Principal Place of Business

**3216 LAS BRISAS DRIVE
RIVERVIEW FL 33569**

Mailing Address

**3216 LAS BRISAS DRIVE
RIVERVIEW FL 33569**

2. Principal Place of Business

3114 Murray Farms Loop

3. Mailing Address

P.O. Box 6123

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant City FL

City & State

Brandon FL

4. FEI Number

59-3628165

Applied For

Not Applicable

Zip

33567

Country

Hillsborough

Zip

33508

Country

Hillsborough

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHAPMAN PATTERSON, DOREEN
3216 LAS BRISAS DRIVE
RIVERVIEW FL 33569**
**3114 Murray Farms Loop
Plant City FL 33567**

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 *Doreen Chapman Patterson* *Doreen Chapman Patterson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/8/02

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, 2002 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 **DPST** ☐ Delete
NAME **CHAPMAN PATTERSON, DOREEN**
STREET ADDRESS **3216 LAS BRISAS DRIVE**
CITY-ST-ZIP **3114 Murray Farms Loop
RIVERVIEW FL 33569 Plant City FL 33567**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
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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: *Doreen Chapman Patterson* *Doreen Chapman Patterson* *3/8/02 (813) 689-2583*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)