## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

BRANDON-FL 99508-

3. Mailing Address

Suite, Apt. #, etc.

## P00000019136 **DOCUMENT #**

1. Entity Name

R.A.I. ENTERPRISES, INC.

Principal Place of Business

3114 MURRAY FARMS LOOP

2. Principal Place of Business

PLANT CITY FL 3356 16

Suite, Apt. #, etc.



**FILED** Mar 17, 2003 8:00 am § Secretary of State

03-17-2003 90127 006 \*\*\*158.75

CHECK	HERE	IF	MAKING	CHANGES	

City & State 4. FEI Number 59-3628165 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired

P-0-BOX-6123- 31(4 MUrray Tarms

6. Name and Address of Current Registered Agent

CHAPMAN PATTERSON, DOREEN 3114 MURRAY FARMS LOOP PLANT CITY FL 3356#6

7. Name and Address of New Registered Agent							
Name	<u> </u>						
Street Address (P.O. Box	Number is Not Ac	ceptable)					
City	·		Zip Code				

8. The above named entity subraits 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.

11.

SIGNATURE

10.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Fee Required

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME NAME 3114 MURRAY FARMS LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 3356 6 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Patterson 3/11/03 (813)571-8364