

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90088 003 ***150.00

DOCUMENT # P00000023970

1. Entity Name

RAW DESIGN, INC.

Principal Place of Business

Mailing Address

718 GARDENIA TERRACE
DELRAY BEACH FL 33444

718 GARDENIA TERRACE
DELRAY BEACH FL 33444

2. Principal Place of Business

3. Mailing Address

320 S. Ocean Blvd

320 S. Ocean Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

L-K

L-K

City & State

City & State

DeLray Beach, FL

DeLray Beach, FL

4. FEL Number

52-2222452

Applied For

Not Applicable

Zip

Country

Zip

Country

33483

Palm Bch

33483

Palm Bch

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, RACHEL A
718 GARDENIA TERRACE
DELRAY BEACH FL 33444

Name

Watson, Rachel A

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

320 S. Ocean Blvd

#L-K

City

DeLray Beach

FL

Zip Code 33483

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]

Rachel Watson, President

1.24.01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME WATSON, RACHEL A
STREET ADDRESS 718 GARDENIA TERRACE
CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Delete

TITLE D
NAME Watson, Rachel A.
STREET ADDRESS 320 S. Ocean Blvd #L-K
CITY-ST-ZIP DeLray Beach, FL 33483 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.24.01

Date

561 2788820

Daytime Phone #

CR2E034 (10/00)

0326372