

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State
09-12-2002 90062 009 ***550.00

DOCUMENT # P00000048701

1. Entity Name
RAVEN REALTY GROUP, INC.

Principal Place of Business

26 LAUREL LANE
NEW CASTLE NH 03854

Mailing Address

POST OFFICE BOX 432
NEW CASTLE NH 03854-0432

2. Principal Place of Business

545 Lafayette Rd.

Suite, Apt. #, etc.

3. Mailing Address

545 Lafayette Rd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Portsmouth, NH

Zip
03801

Country

City & State
Portsmouth, NH

Zip
03801

Country

4. FEI Number
58-2549137

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, LANCE D
2781 WEST STATE ROAD 434
LONGWOOD FL 32779

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **DINSMORE, DENNIS S**
STREET ADDRESS **226 LAUREL LANE**
CITY-ST-ZIP **NEW CASTLE NH 03854**

TITLE **CFO** ☐ **Delete**
NAME **VOGT, JULIE**
STREET ADDRESS **75 RUBY RD.**
CITY-ST-ZIP **PORTSMOUTH NH 03801**

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

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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/02

Date

(603) 436-7279

Daytime Phone #

CR2E034 (4/02)