

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90284 038 \*\*\*550.00

**DOCUMENT # P00000048701**

1. Entity Name  
**RAVEN REALTY GROUP, INC.**



Principal Place of Business  
**545 LAFAYETTE RD  
PORTSMOUTH NH 03801**

Mailing Address  
**545 LAFAYETTE RD  
PORTSMOUTH NH 03801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2549137**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

## 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

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing: Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

## 10. 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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition  
NAME **Dinsmore, Dennis G.**  
STREET ADDRESS **17 Locke Rd., P.O. Box 432**  
CITY-ST-ZIP **New Castle, NH 03854**

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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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

**SIGNATURE REQUIRED VOGT, CFO**

**7/25/03**

Date Daytime Phone #

CR2E034 (4/03)