

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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90066 014 ***150.00

DOCUMENT # P00000059326 ✓

1. Entity Name

R.A. Systems, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7210 N Manhattan Ave Apt 2521

3. Mailing Address

P.O. Box 152255

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2521

City & State

Tampa FL

City & State

Tampa FL

Zip

33614

Country

U.S.A

Zip

33684

Country

U.S.A

4. FEI Number

65-1024928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current 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

Alan J. Dodd, Director / Rafael S. Mora, Director

4/09/03

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Alan J. Dodd
739 Emory St.
INVERNESS, FL 34450

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Rafael S. Mora
7210 N. Manhattan St # 2521
Tampa, FL 33614

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan J. Dodd / Director Rafael S. Mora

4/09/03

Date

813/477-7964

318/623-3399

Daytime Phone #

CR2E034B (12/01)