

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90139 047 ***150.00

DOCUMENT # P00000063634

1. Entity Name
RAFFIN ASSOCIATES, INC.

Principal Place of Business

**1051 LIVE OAK AVE NE
ST PETERSBURG FL 33703**

Mailing Address

**1051 LIVE OAK AVE NE
ST PETERSBURG FL 33703**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1024341

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~RAFFIN, ROBERT~~
**1051 LIVE OAK AVE NE
ST PETERSBURG FL 33703**

Rose Marie Raffin

Name

Rose Marie Raffin

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

1051 Live Oak NE

City

St. Petersburg

FL

Zip Code
33703

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 *Rose Marie Raffin*

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

(NOTE: Registered Agent signature required when reinstating)

April 5, 2002

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, 2002 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 **P** ☐ Delete
NAME **RAFFIN, ROBERT**
STREET ADDRESS **1051 LIVE OAK AVE NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE ☒ Change ☐ Addition
NAME *Richard A Raffin*
STREET ADDRESS *9563-A Lynn Lane*
CITY-ST-ZIP *Long FL 33777*
PRESIDENT

TITLE **VPT** ☐ Delete
NAME **RAFFIN, ROSE MARIE**
STREET ADDRESS **1051 LIVE OAK AVE NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)