

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089047

1. Entity Name

RAVEN REAL PROPERTIES, INC.

Principal Place of Business

2544 FRISCO DRIVE
CLEARWATER FL 33761-3820

Mailing Address

2544 FRISCO DRIVE
CLEARWATER FL 33761-3820

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, DOUGLAS J
2544 FRISCO DRIVE
CLEARWATER FL 33761-3820

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

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 P
NAME WILLIAMS, DOUGLAS J
STREET ADDRESS 2544 FRISCO DRIVE
CITY-ST-ZIP CLEARWATER FL 33761-3820 ☐ Delete

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

TITLE S
NAME WILLIAMS, LANI K
STREET ADDRESS 2544 FRISCO DRIVE
CITY-ST-ZIP CLEARWATER FL 33761-3820 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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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: *Douglas J. Williams*

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas J. Williams

Date

3/30/01

Daytime Phone #

727-725-3345

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90312 027 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3676258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)