## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P00000108911 1. Entity Name SEAN RHATEGAN INC. 05-02-2001 90140 040 \*\*\*150.00 Principal Place of Business Mailing Address 6304 LONGLEAF COURT 6304 LONGLEAF COURT **BRADENTON FL 34202** BRADENTON FL 34202 80044461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RHATEGAN, SEAN Street Address (P.O. Box Number is Not Acceptable) 6304 LONGLEAF COURT **BRADENTON FL 34202** Zip Code atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy ngible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CEO PRESIDENT TITLE Delete TITLE ☐ Change \*Addition SEAN RHATEGAN NAME NAME 6304 LONGLEAF PINE CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL SECRETARY TITLE Delete TITLE ☐ Change Addition SEAN RHATEGAN NAME NAME 6304 LONGLEAF PINE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON TITLE Delete TITLE TREA SURER □ Change Addition SEAN RHATEGAN NAME NAME BOOL LONG LEAF PINE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete , TITLE Change ■ Addition NAME NAME ' STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 securate 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 its empowered.

SIGNING OFFICER OR DIRECTOR

PRESIDEN