

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110687

1. Entity Name

RAO LIFESAVER FENCES, INC.

FILED

Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90185 020 ***150.00

Principal Place of Business

650 LAMVERT AVE
FLAGLER BEACH FL 32136

Mailing Address

650 LAMVERT AVE
FLAGLER BEACH FL 32136

018832



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-2089589

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

O'CONNOR, ROSE ANN
650 LAMVERT AVE
FLAGLER BEACH FL 32136

Name

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

650 Lambert Avenue

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 ☐ Delete
NAME D
STREET ADDRESS RANDAZZO, VINCENZA
CITY-ST-ZIP 468 CARRLLSPATH
DEERPARL NY 11729

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

TITLE ☐ Delete
NAME D
STREET ADDRESS O'CONNOR, ROSE ANN
CITY-ST-ZIP 650 LAMVERT AVE
FLAGLER BEACH FL 32136

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 650 Lambert Avenue
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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:

Rose Ann O'Connor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-01

Date

386
439-1359

Daytime Phone #

Rose Ann O'Connor

CR2E034 (10/00)