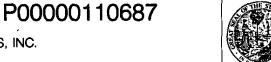
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name



RAO LIFESAVER FENCES, INC. Principal Place of Business Mailing Address 200 SOUTH CENTRAL AVE. 200 SOUTH CENTRAL AVE. FLAGLER BEACH FL 32136 FLAGLER BEACH FL 32136 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 91-2089589 Not Applicable Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'CONNOR, ROSE ANN Street Address (P.O. Box Number is Not Acceptable) 650 LAMVERT AVE FLAGLER BEACH FL 32136 venve. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition TITLE ☐ Delete TITLE NAME . NAME RANDAZZO, VINCENZA STREET ADDRESS STREET ADDRESS **468 CARRLLSPATH** CITY-ST-ZIP CITY-ST-ZIP DEER PARK NY 11729 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME O'CONNOR, ROSE ANN STREET ADDRESS STREET ADDRESS 650-LAMBERT-AVE-CITY-ST-ZIP CITY-ST-ZIP FLAGLER BEACH FL 32136 ☐ Addition TITLE Delete TITLE ☐ Change 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

12. 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 10 or Block 11 if

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Change

☐ Addition

Addition

May 02, 2003 8:00 am Secretary of State

05-02-2003 90711 022 \*\*\*150.00