


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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1. Entity Name
RARP, INC.



Principal Place of Business
10911 WINTER OAK PL
TAMPA FL 33624

Mailing Address
10911 WINTER OAK PL
TAMPA FL 33624

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 26-9747017

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALADINO, JOLENE
10911 WINTER OAK PL
TAMPA FL 33624

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jolene Saladino* DATE 8/7/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALADINO, JOLENE 10911 WINTER OAK PL TAMPA FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: *Jolene Saladino* DATE 7/14/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)

Page 2 of 2

August 8, 2003

Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

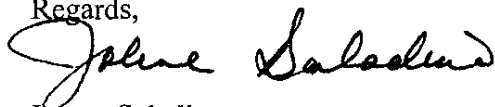
Andy Dunlap
Document Specialist Supervisor
Ref: Number P00000117689

Please except this letter of explanation according to the provisions for the Division of Corporations. I did not receive my original uniform business report and ask the Division of Corporation to waive the \$400.00 dollar late fee.

Please find attached a copy of the UBR.

If you have any questions you can reach me at 813-244-0722

Regards,


Jolene Saladino