

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90065 020 ***150.00

DOCUMENT # PO1000001529 ✓
1. Entity Name
RATA ENTERPRISES, INC

Principal Place of Business 760 ATLANTIC DR. SATELLITE BEACH, FL. 32937	Mailing Address 760 ATLANTIC DR. SATELLITE BEACH, FL. 32937
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number
59-3689525 Applied For: Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HEIDI HOLLINGSWORTH
760 ATLANTIC DR.
SATELLITE BEACH, FL. 32937

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (F.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 requesting) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so
 (See criteria on back)

FILE NOW WITH FEE \$5.00 PER PAGE

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME HEIDI HOLLINGSWORTH	
STREET ADDRESS 760 ATLANTIC DR.	
CITY-ST-ZIP SATELLITE BEACH, FL. 32937	
TITLE VICE PRESIDENT	<input type="checkbox"/> Delete
NAME ROBIN HOLLINGSWORTH	
STREET ADDRESS 760 ATLANTIC DR.	
CITY-ST-ZIP SATELLITE BEACH, FL. 32937	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(c), 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: Heidi Hollingsworth 4/28/02 321-777-8972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #