

# 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

<b>Principal Place of Business</b> 760 ATLANTIC DR. SATELLITE BEACH, FL. 32937	<b>Mailing Address</b> 760 ATLANTIC DR. SATELLITE BEACH, FL. 32937
---	---

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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
State <u>FL</u> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when requesting)  
 Signature, typed or printed name of registered agent and title if applicable. 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**

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 #