

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90214 025 ***150.00

DOCUMENT # P01000017752

1. Entity Name
RAFFIELD INTERNATIONAL, INC.



Principal Place of Business
**1478 GROUPE AVENUE HIGHLAND VIEW
PORT ST. JOE FL 32456**

Mailing Address
**1478 GROUPE AVENUE HIGHLAND VIEW
PORT ST. JOE FL 32456**

2. Principal Place of Business
1624 GROUPE AVENUE
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 309
Suite, Apt. #, etc.

City & State
PORT ST. JOE, FLORIDA

City & State
PORT ST. JOE, FLORIDA

4. FEI Number **59-0931791**

Applied For
Not Applicable

Zip
32456

Country

Zip
32457

Country

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

6. Name and Address of Current Registered Agent

RAFFIELD, HAROLD
1478 GROUPE AVENUE HIGHLAND VIEW 1624 GROUPE AVE.
PORT ST. JOE FL 32456

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 _____ DATE _____
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
After May 1, 2003 Fee will be \$550.00
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	D RAFFIELD, HAROLD 6410 ALABAMA AVENUE PORT ST. JOE FL 32456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAFFIELD, EUGENE 2103 CYPRESS AVENUE PORT ST. JOE FL 32456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: **DEUGENE RAFFIELD** **01/31/03** **(850) 229-8229**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)