

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90085 022 ***150.00

DOCUMENT # **P01000042892**

1. Entity Name
RAGBOATS INC.

Principal Place of Business Mailing Address
1603 E 14TH CT. **1603 E 14TH CT.**
LYNN HAVEN FL 32444 **LYNN HAVEN FL 32444**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3719380** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOMLOSY, JAMES
1603 E 14TH CT.
LYNN HAVEN FL 32444

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.

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOMLOSY, JAMES	NAME	
STREET ADDRESS	1603 E 14TH CT.	STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, GARY	NAME	
STREET ADDRESS	1603 E 14TH CT.	STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, ELLEN	NAME	
STREET ADDRESS	1603 E 14TH CT.	STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARNO, JOHN	NAME	
STREET ADDRESS	1603 E 14TH CT.	STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLACKLEY, CHARLES	NAME	
STREET ADDRESS	1603 E 14TH CT.	STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLACKLEY, SALLIE	NAME	
STREET ADDRESS	1603 E 14TH CT.	STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444	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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Komlosy* **James Komlosy** **3-7-02** **850-265-9748**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)