**FILED** 

## 2002 Uniform Business Report (UBR)

changed, or on an attachment with ag

SIGNATURE:

## Apr 02, 2002 8:00 am Secretary of State DOCUMENT # P01000106615 1. Entity Name 04-02-2002 90905 049 \*\*\*150.00 R.A.O. ELEVATOR INSPECTION, INC. Principal Place of Business Mailing Address 82 HOLLYBERRY COURT 82 HOLLYBERRY COURT NORTH FORT MYERS FL 33917 NORTH FORT MYERS FL 33917 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEL Number 65-1151595 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OFFERMAN, ROBERT A Street Address (P.O. Box Number is Not Acceptable) **82 HOLLYBERRY COURT** NORTH FORT MYERS FL 33917 City 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 reinstating) FILE NOW!!! FEE IS \$150.00 \_9. This corporation is eligible to satisfy its Intangible\_ - 10: Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. P Addition CR2E034 (9/01) TITLE Delete TITLE NAME OFFERMAN, ROBERT A NAME OFFERMANN, ROBERT A. STREET ADDRESS **82 HOLLYBERRY COURT** STREET ADDRESS 82 HOLLYBE'RRY COURT NORTH FORT MYERS FL 33917 NORTH FORT MYERS FL 33917 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change OFFERMANN, KARDLYN J. NAME NAME BZ HOLLYBERRY COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP-NORTH-FORT MYERS FET 33917 TITLE ☐ Delete TITI F ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 truptee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if