

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

4/1

04-15-2003 90107 027 ***150.00

DOCUMENT # P02000053889			
1. Entity Name THE RAVOSA CORPORATION			
Principal Place of Business THE RAVOSA CORPORATION 1231 LUDLUM COURT MARCO ISLAND FL 34145		Mailing Address THE RAVOSA CORPORATION 1231 LUDLUM COURT MARCO ISLAND FL 34145	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6142 Wilbur Way Suite, Apt. #, etc.	
City & State		City & State Lake Worth FL	
Zip		Zip 33467	
Country		Country USA	
4. FEI Number 56-2284530		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAVOSA, TARYN 1231 LUDLUM COURT MARCO ISLAND FL 34145		7. Name and Address of New Registered Agent Name: RAVOSA, TARYN Street Address (P.O. Box Number is Not Acceptable): 6142 Wilbur Way City: LAKE WORTH FL Zip Code: 33467	
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: <u>Taryn Ravosa</u> DATE: <u>4/7/03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSTD NAME: RAVOSA, TARYN STREET ADDRESS: 1231 LUDLUM COURT CITY-ST-ZIP: MARCO ISLAND FL 34145	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>100% PAID REQUIRED</u>		Date: <u>4/7/03</u> Daytime Phone: <u>561-966-8013</u>	

CR2E034 (10/02)