


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90957 001 ***450.00

DOCUMENT # P02000073050

1. Entity Name
RAULAND CORPORATION OF FLORIDA



Principal Place of Business
**474 S NORTH LAKE BLVD. STE 1016
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**474 S NORTH LAKE BLVD. STE 1016
ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business
620 Douglas Ave., #1316
Suite, Apt. #, etc.
Suite 1316

3. Mailing Address
620 Douglas Ave., #1316
Suite, Apt. #, etc.
Suite 1316

City & State
Altamonte Springs, FL

City & State
Altamonte Springs, FL

Zip
32714

Country
USA

4. FEI Number
36-2124601

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE	PD/ Suzanne Graham <input type="checkbox"/> Delete
NAME	Suzanne Graham
STREET ADDRESS	620 Douglas Avenue, Ste. 1316
CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	SD William Crucks <input type="checkbox"/> Delete
NAME	William Crucks
STREET ADDRESS	3450 W. Oakton Street
CITY-ST-ZIP	Skokie, IL 60076-2951
TITLE	TD Rick Stalkfleet <input type="checkbox"/> Delete
NAME	Rick Stalkfleet
STREET ADDRESS	3450 W. Oakton Street
CITY-ST-ZIP	Skokie, IL 60076-2951
TITLE	D Norm Kidde <input type="checkbox"/> Delete
NAME	Norm Kidde
STREET ADDRESS	3450 W. Oakton Street
CITY-ST-ZIP	Skokie, IL 60076-2951
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Suzanne Graham **SIGNATURE REQUIRED** Suzanne Graham 2/28/03 (407)830-6175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)